507700040 01/18/2023

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT7747184

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	STATEMENT OF CONVERSION

CONVEYING PARTY DATA

Name	Execution Date
FORTA CORPORATION	09/16/2020

RECEIVING PARTY DATA

Name:	FORTA, LLC
Street Address:	100 FORTA DRIVE
City:	GROVE CITY
State/Country:	PENNSYLVANIA
Postal Code:	16127

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	17181011

CORRESPONDENCE DATA

Fax Number: (412)566-6099

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 4125666000

Email: ipmail@eckertseamans.com

Correspondent Name: ECKERT SEAMANS CHERIN & MELLOTT, LLC

Address Line 1: 600 GRANT STREET

Address Line 2: 44TH FLOOR

Address Line 4: PITTSBURGH, PENNSYLVANIA 15219

ATTORNEY DOCKET NUMBER:	289788-00194
NAME OF SUBMITTER:	CAROL A. MARMO, REG. NO. 39,761
SIGNATURE:	/CAROL A. MARMO/
DATE SIGNED:	01/18/2023

Total Attachments: 6

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PATENT 507700040 REEL: 062407 FRAME: 0913

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/17/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

FORTA, LLC

I, Kathy Boockvar, Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Sep 17, 2020 - Pages (5)

which appear of record in this department.

THE CO.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC200917110917-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

Entity# : 676862
Date Filed : 09/17/2020
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Address nicole.grimmotewolters City State	MER		ent of Conversion DSCB:15-355 (7/1/2015) TGO260917MC0617
Return document by email to			
	Read all instructions a	orior to	
Fee: \$70			
In compliance with the requirement conversion), the undersigned association,			
A. For the converting association:			
1. The name of the converting associ	iation is: Forta Corp	oration	.
2. The jurisdiction of formation of the	ne converting associat	ion is: Pennsylvania	
3. The type of association is (check of	only one):		
☑ Business Corporation☐ Nonprofit Corporation☐ Limited Liability Company	☐ Limited Partnersh ☐ Limited Liability ☐ Limited Liability	(General) Partnership	☐ Business Trust ☐ Professional Association ☐ Other
4. Date on which the association was	s created, incorporated	i, formed or otherwise c	ame into existence:
10/19/1978			
(MM/DD/YYYY)		_	
 If the converting association is a d corporation, limited partnership, li under which it was first created, in 	imited liability compa	ny, professional associat	tion or business trust), the statute

PA DEPT OF STATE
SEP 1 7 2020

Business Corporation Law approved May 5, 1933

(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

DSCB:15-355-2

· 6. Check and complete one of the following addresses for the converting association.

		is a domestic filing association, domestic liming, the current registered office address as on file that the content is the content in the content is a content in the content in the content is a content in the conten			
Ø	(a) 147 S. Broad Street	Grove City	PA	16127	Mercer
	Number and street	City	State	Zip	County
	(b) c/o:				
	Name of Commercial Regis	tered Office Provider			County
	_	is a domestic association that is <i>not</i> a domesti ess, including street and number, if any, of its p			or limited
	Number and street	City	State	Zip	County
	Number and street	City	State	Zip	
-	For the converted association: 1. The name of the converted as	sociation is: Forta, LLC			
	1. The name of the converted as:	sociation is: Forta, LLC of the converted association is: Pennsylvania			
	1. The name of the converted as:	of the converted association is: Pennsylvania			

DSCB:15-355-3

4. Check and complete one of the following addresses for the converted association.

	If the converted association is a cregistered foreign association, its	domestic filing association, domes registered office address. Complet	tic limited liabi te part (a) OR (b	lity partners!) – not both:	hip or
Ø	(a) 100 Forta Drive	Grove City	PA	16127	Mercer
~	Number and street	City	State	Zip	County
	(b) c/o:		•		
1	Name of Commercial Registered	Office Provider	······································		County
		lomestic association that is <i>not</i> a dincluding street and number, if any			limited
	Number and street	City	State	Zip	County
	(1) The address, including street a maintained by the law of its jurisdi office, its principal office address:	nonregistered foreign association, and number, if any, of its registered continuous of formation; or if it is not req	or similar office,	if any, requir n a registered	
	Number and street	City	State	Zip	
	(2) The name and address, including	ng street and number, of its registere	ed agent:		
	Name of Registered Agent				
	Number and street	City	State	Zip	 .
	☐ This Statement of Conversion shall this Statement of Conversion shall This Statement of Conversion shall the Statement of Conversion shall the Statement of Conversion shall the Statement of Conversion by converting For converting association that is ☐ For converting association that is ☐ of the jurisdiction of formation of the statement of Converting association that is ☐ of the jurisdiction of formation of the statement of Converting association that is ☐ of the jurisdiction of formation of Converting association that is ☐ of the jurisdiction of formation of Conversion shall be converted to the conversion shall be conversion by Conversion shall be conversion by Conversion shall be conversion shall be conversion by Conversion shall be conversion s	all be effective upon filing in the Deal be effective on: Date (MM/D) ing association (check only one): a domestic entity – The plan of cor (relating to conversion). a foreign association – The conversion	D/YYYY) nversion was app	te. Hour (if a	ordance with 15
E. 4	Attachments (see Instructions for req	uired and optional attachments).			
IN T	ESTIMONY WHEREOF, the under ed by a duly authorized officer thereo	signed converting association has co of this <u>16th</u> day of <u>Sep</u>	aused this Staten ptember	nent of Conve	ersion to be 20 <u>20</u>
		Forta Corp	Name of Converti		
			Title		

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

🕜 Ret	urn document by mail to:	Certificate o	f Organization
Danielle Scalise			Liability Company
Name			21 (rev. 2/2017)
Addres	irant Street, Floor 44		
Pittsb			
City	State Zip Code		
✓ Ret	urn document by email to: dscalise@eckertseamans.com	66	21
Re	ad all instructions prior to completing. This form may be	e submitted online at https://v	www.corporations.pa.gov/.
Fe	e: \$125	ned small business fee exempt	ion (see instructions)
un	In compliance with the requirements of 15 Pa.C.S. dersigned desiring to organize a limited liability compa		of organization), the
1.	The name of the limited liability company is: Forta, LI (designator is required, e.g., "company," "limited" or "limited" o		bbreviation thereof)
2.	Complete part (a) or (b) – not both:		
	(a) The address of this limited liability company's re (post office box alone is not acceptable)	gistered office in this Commo	nwealth is:
	100 Forta Drive Grove G	City PA	16127 Mercer
	Number and Street City	State	Zip County
	(b) The name of this limited liability company's comis:	mercial registered office prov	ider and county of venue
	c/o:		
	Name of Commercial Registered Office Provider	Co	ounty
3.	The name of each organizer is (all organizers must sign	n on page 2):	
•	Brylin Holdings Corp.		
4.	Effective date of Certificate of Organization (check, a	nd if appropriate complete, or	e of the following):
	▼ The Certificate of Organization shall be effective u		
		•	at
	☐ The Certificate of Organization shall be effective of	Date (MM/DD/YYYY)	Hour (if any)

DSCB:15-8821-2

5.	Restricted professional companies only. Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).
	The company is a restricted professional company organized to render the following restricted professional service(s):
	Chiropractic Dentistry Law Medicine and surgery Optometry Osteopathic medicine and surgery Podiatric medicine Public accounting Psychology Veterinary medicine
6.	Benefit companies only. Check the box immediately below if the limited liability company is organized as a benefit company:
	☐ This limited liability company shall have the purpose of creating general public benefit.
	Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.
	This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):
7.	For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).
ſΝ	TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this
_	16th day of September , 20 20 .
	Signature
	Signature
	2.Butture
	- Signature

PATENT REEL: 062407 FRAME: 0920

RECORDED: 00/28/2020