

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
<i>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.</i>	
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	
source=Assignment2#page1.tif	
source=Assignment2#page2.tif	
source=Assignment2#page3.tif	
source=Assignment2#page4.tif	
source=Assignment2#page5.tif	

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.



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

Kathy Boockvar

Secretary of the Commonwealth

Certification Number: TSC200917110917-1

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

PATENT
REEL: 062407 FRAME: 0915

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:
CT - COUNTER

Name 13217989 SU 1

Address nicole.grimme@woblersidewer.com

City _____ State _____ Zip Code _____

Return document by email to _____

Statement of Conversion
DSCB:15-355
(7/1/2015)

TCO200917MC0617

Read all instructions prior to

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: Forta Corporation

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

10/19/1978
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law approved May 5, 1933
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

PA DEPT OF STATE

SEP 17 2020

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).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

16th day of September, 2020.



 Signature

 Signature

 Signature