

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT7951401

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
CONTRAST OPTICAL DESIGN & ENGINEERING, INC.	12/13/2016
RECEIVING PARTY DATA	
Name:	CONTRAST, INC.
Street Address:	6100 UPTOWN BLVD. NE, SUITE 560
City:	ALBUQUERQUE
State/Country:	NEW MEXICO
Postal Code:	87110
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12398819
CORRESPONDENCE DATA	
Fax Number:	(617)860-8634
<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:	6173427000
Email:	boston.docketing@withersworldwide.com, sandra.richards@withersworldwide.com
Correspondent Name:	WITHERS BERGMAN LLP
Address Line 1:	101 FEDERAL STREET, SUITE 1900
Address Line 4:	BOSTON, MASSACHUSETTS 02110
ATTORNEY DOCKET NUMBER:	CODE-001/01US 1007066/3
NAME OF SUBMITTER:	THOMAS C. MEYERS
SIGNATURE:	/THOMAS C. MEYERS/
DATE SIGNED:	05/12/2023
Total Attachments: 3	
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source=CODE-001-01US-Name-Change#page3.tif	

OFFICE OF THE SECRETARY OF STATE
NEW MEXICO

Certificate of Amendment

OF
Contrast, Inc.
2568590
New Mexico

The Office of the Secretary of State certifies that the Articles of Amendment, duly signed and verified pursuant to the provisions of the

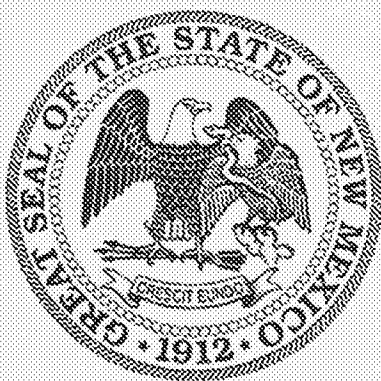
Business Corporation Act

53-11-1 to 53-18-12 NMSA 1978

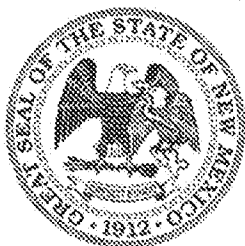
have been received and are found to conform to law. Accordingly, by virtue of the authority vested in it by law, the Office of the Secretary of State issues this Certificate of Amendment and attaches hereto a duplicate of the Articles of Amendment.

Dated: **December 15, 2016**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Brad Winter
Secretary of State



OFFICE OF THE SECRETARY OF STATE
NEW MEXICO

December 7, 2016

KEFAUVER CPA, PC
707 STATE HWY 333
STE B
TIJERAS, NM 87059

RE: Contrast, Inc.
Business ID #: 2568590

The Office of the Secretary of State has approved and filed the Articles of Amendment for the above captioned corporation effective December 15, 2016. The enclosed Certificate of Amendment is evidence of filing and should become a permanent document of the corporation's records.

Please be advised that although the Certificate of Amendment has been approved, you must also comply with all other federal or state laws applicable to your corporation. This includes, but is not limited to state licensing requirements. It is the corporation's sole responsibility to obtain such compliance with all legal requirements applicable thereto prior to engaging in the business for which it has obtained approval of the referenced document.

If you have any questions, please contact the Corporations Bureau at (505) 827-3600 or toll free at 1-800-477-3622 for assistance.

Corporations Bureau

CURRENT INFORMATION

1. New Mexico Taxation and Revenue Department Identification Number (NM TRD ID#) 03-039714-006 2. Federal Employer Identification Number (FEIN) 37-1507756

3. Business Name Contrast Optical Design & Engineering, Inc. 4. DBA (if applicable)

NEW INFORMATION
FILL IN THOSE BOXES BELOW FOR WHICH A CHANGE IS BEING REPORTED

5. ☐ Change the business registration status to: ACTIVE/CLOSED (circle one)
Effective Date: / / 6. ☐ Change the business Start Date to: / /
(Note: When ownership has changed a new NM TRD ID# must be obtained.)

7. Business Name Contrast, Inc. DBA (if applicable)

Business Phone Number () Ext. Other Phone Number () Ext.

Mailing Address City State Zip Code

Business Location Address (not a PO Box) City State Zip Code

Add other physical location (Attach additional pages if necessary) City State Zip Code

8. Will business pay wages to employees in New Mexico?
☐ Yes ☐ No 9. Workers Compensation Fee? ☐ ADD ☐ DELETE Effective Date:

10. Seasonal Businesses Only - Change the business season to: Season Start Month: Season End Month:

11. Change the CRS Filing Status to: ☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUALLY
(NOTE: Please review the filing status requirements on reverse before requesting a change.)

12. Primary type of business in New Mexico (Check all that apply)

ADD DELETE
☐ ☐ Accommodation, Food Services, and Drinking Places
☐ ☐ Administration and Support Services and Waste Management and Remediation Services
☐ ☐ Agriculture, Forestry, Fishing and Hunting
☐ ☐ Arts, Entertainment and Recreation Management
☐ ☐ Construction
☐ ☐ Educational Services
☐ ☐ Finance and Insurance
☐ ☐ Government
☐ ☐ Health Care and Social Assistance
☐ ☐ Manufacturing
☐ ☐ Mining and Oil and Gas Extraction
☐ ☐ Professional, Scientific and Technical Services
☐ ☐ Real Estate and Leasing of Real Property
☐ ☐ Rental and Leasing of Tangible Personal Property
☐ ☐ Retail Trade
☐ ☐ Transportation and Warehousing
☐ ☐ Utilities
☐ ☐ Wholesale Trade
☐ ☐ Other Services

13. Give a brief description of nature of business.

14. Federal Employer Identification Number (FEIN) ADD DELETE

15. Liquor License Type/Number:
☐ ADD ☐ DELETE ☐ CHANGE

18. Special Tax Registration Information - Only update if a change is necessary.

(Note: A Special Tax Registration must be completed when adding an activity below.)

16. Secretary of State Business ID Number:
☐ ADD ☐ DELETE ☐ CHANGE

Gasoline Sales ☐ ADD ☐ DELETE Severing Natural Resources ☐ ADD ☐ DELETE
Special Fuels ☐ ADD ☐ DELETE Processing Natural Resources ☐ ADD ☐ DELETE
Cigarette Sales ☐ ADD ☐ DELETE Water Producer ☐ ADD ☐ DELETE
Tobacco Products ☐ ADD ☐ DELETE Gaming Activities ☐ ADD ☐ DELETE

17. RLD Contractor's License Number:
☐ ADD ☐ DELETE ☐ CHANGE

19. ☐ Are you doing a business? You may want to request a Letter of Good Standing or a Certificate of No Tax Due. See instructions on the back of this form.

20. Before updating Owners / Partners / Corporate Officers / Association Members / Shareholders information below, please see the instructions on the reverse side of this form.
(Attach additional pages if necessary.)

#1 ☐ Add ☐ Change ☐ Delete #2 ☐ Add ☐ Change ☐ Delete

ISSN
NAME & TITLE
ADDRESS
PHONE & E-MAIL

21. I declare that the information reported on this form and any supplemental page(s) is true and correct.

Print Name Nora Tocci Title PRESIDENT
Signature [Signature] Date 12.13.2016