

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

Assignment ID: PATI58463

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT	
<b>NATURE OF CONVEYANCE:</b>	Entity Conversion	
<b>CONVEYING PARTY DATA</b>		
	<b>Name</b>	<b>Execution Date</b>
	PHOSPHOLUTIONS LLC	02/22/2019
<b>RECEIVING PARTY DATA</b>		
<b>Company Name:</b>	PHOSPHOLUTIONS, INC.	
<b>Street Address:</b>	101 Innovation Blvd.	
<b>Internal Address:</b>	Suite 206	
<b>City:</b>	State College	
<b>State/Country:</b>	PENNSYLVANIA	
<b>Postal Code:</b>	16803	
<b>PROPERTY NUMBERS Total: 1</b>		
	<b>Property Type</b>	<b>Number</b>
	Application Number:	17040628
<b>CORRESPONDENCE DATA</b>		
<b>Fax Number:</b>		
<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>		
<b>Phone:</b>	17172375395	
<b>Email:</b>	hlawrence@mcneeslaw.com	
<b>Correspondent Name:</b>	Holly J Lawrence	
<b>Address Line 1:</b>	100 Pine Street	
<b>Address Line 2:</b>	P.O. Box 1166	
<b>Address Line 4:</b>	Harrisburg, PENNSYLVANIA 17108-1166	
<b>ATTORNEY DOCKET NUMBER:</b>	40688-0001-01	
<b>NAME OF SUBMITTER:</b>	HOLLY LAWRENCE	
<b>SIGNATURE:</b>	HOLLY LAWRENCE	
<b>DATE SIGNED:</b>	02/28/2024	
<b>Total Attachments: 5</b>		
source=Scanned_PA_conversion_filing#page1.tif		
source=Scanned_PA_conversion_filing#page2.tif		
source=Scanned_PA_conversion_filing#page3.tif		
source=Scanned_PA_conversion_filing#page4.tif		



**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to:  Name _____  Address _____  City _____ State _____ Zip Code _____ <input checked="" type="checkbox"/> Return document by email to: <u>hswisher@phospholutions.com</u>	<p align="center"><b>Statement of Conversion</b></p> <p align="center">TML190319JG1920</p>
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Read all instructions prior to filing

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: Phospholutions LLC

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

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

- |   |  |   |
|---|--|---|
| <input 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 checked="" 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:

04/05/2016

(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:

Limited Liability Company Law of 2016

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

PA DEPT. OF STATE

FEB 27 2019

PA DEPT OF STATE

MAR 11 2019

PATENT  
REEL: 066698 FRAME: 0056

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

	<b>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</b>				
<input checked="" type="checkbox"/>	(a) <u>200 Innovation Blvd. Suite 259</u> <small>Number and street</small>	<u>State College</u> <small>City</small>	<u>PA</u> <small>State</small>	<u>16803</u> <small>Zip</small>	<u>Centre</u> <small>County</small>
	(b) c/o: _____ <small>Name of Commercial Registered Office Provider County</small>				
<input type="checkbox"/>	<b>If the converting association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</b>				
	_____ <small>Number and street</small>	_____ <small>City</small>	_____ <small>State</small>	_____ <small>Zip</small>	_____ <small>County</small>
<input type="checkbox"/>	<b>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</b>				
	_____ <small>Number and street</small>	_____ <small>City</small>	_____ <small>State</small>	_____ <small>Zip</small>	

**B. For the converted association:**

1. The name of the converted association is: Phospholutions, Inc.
2. The jurisdiction of formation of the converted association is: Delaware
3. The type of association is (check only one):
- |   |  |   |
|---|--|---|
| <input checked="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. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p><b>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</b></p> <p>(a) <u>200 Innovation Blvd. Suite 259</u>      <u>State College</u>      <u>PA</u>      <u>16803</u>      <u>Centre</u>  Number and street      City      State      Zip      County</p> <p>(b) c/o: _____  Name of Commercial Registered Office Provider      County</p>
<input type="checkbox"/>	<p><b>If the converted association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</b></p> <p>_____  Number and street      City      State      Zip      County</p>
<input type="checkbox"/>	<p><b>If the converted association is a nonregistered foreign association, complete both (1) and (2).</b></p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____  Number and street      City      State      Zip</p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____  Name of Registered Agent</p> <p>_____  Number and street      City      State      Zip</p>

## C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- ☒ This Statement of Conversion shall be effective upon filing in the Department of State.
- ☐ This Statement of Conversion shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date (MM/DD/YYYY)      Hour (if any)

## D. Approval of conversion by converting association (check only one):

- ☒ For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- ☐ For converting association that is a foreign association – The conversion was approved in accordance with the law
- ☐ of the jurisdiction of formation of the converting association.

## E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 22 day of February, 20 19.

Phospholutions LLC


Name of Converting Association

[Signature]  
Signature

Manager

Title

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to:  Name _____  Address _____  City _____ State _____ Zip Code _____  <input checked="" type="checkbox"/> Return document by email to: <u>hswisher@phospholutions.com</u>	Foreign Registration Statement DSCB:15-412 (rev. 2/2017)  TML190307MW1622
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Read all instructions prior to completing. This form may be sub. \_\_\_\_\_

Fee: \$250

☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. 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   |   |

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

Phospholutions, Inc.

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

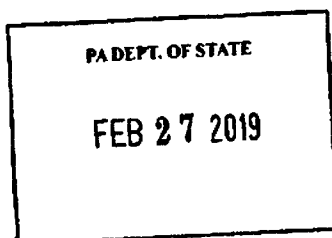
3. The jurisdiction of formation is: Delaware

4. The street and mailing address of the association's principal office.

200 Innovation Blvd. Suite 259	State College	PA	16803
Number and street	City	State	Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

16192 Coastal Hwy.	Lewes	DE	19958
Number and street	City	State	Zip



5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) 200 Innovation Blvd. Suite 259 State College PA 16803 Centre  
 Number and street City State Zip County  
 OR

(b) c/o: \_\_\_\_\_  
 Name of Commercial Registered Office Provider County

6. Check one of the following:

- ☒ The association may not have series.  
☐ The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- ☒ The Foreign Registration Statement shall be effective upon filing in the Department of State.  
☐ The Foreign Registration Statement shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
 Date (MM/DD/YYYY) Hour (if any)

8. To be completed by *Limited Liability Companies only*. Check, and if appropriate complete, one of the following:

☐ The association is a limited liability company which is not organized to render any of the below professional service(s).

☐ The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

\_\_\_ Chiropractic    \_\_\_ Dentistry    \_\_\_ Law    \_\_\_ Medicine and surgery  
 \_\_\_ Optometry    \_\_\_ Osteopathic medicine and surgery    \_\_\_ Podiatric medicine    \_\_\_ Public accounting  
 \_\_\_ Psychology    \_\_\_ Veterinary medicine

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 22 day of February, 2019.

Phospholutions, Inc.

Name of Association

[Signature]  
 Signature

CEO

Title