#### 508431878 03/12/2024

# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 Assignment ID: PATI74645

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Entity Conversion and Name Change

### **CONVEYING PARTY DATA**

Name	Execution Date	
Velocity Dynamics, Inc.	10/17/2014	

## **RECEIVING PARTY DATA**

Company Name:	Velocity Dynamics, LLC
Street Address:	543 S. Pierce Avenue
City:	Louisville
State/Country:	COLORADO
Postal Code:	80027

# **PROPERTY NUMBERS Total: 1**

Property Type	Number
Patent Number:	7931398

## **CORRESPONDENCE DATA**

Fax Number: 6174496999

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: 6174496897

Email: nnewman@jonesday.com,ccduerr@jonesday.com

Nicole K. Newman Correspondent Name: Address Line 1: 100 High Street Address Line 2: 22nd Floor

Address Line 4: Boston, MASSACHUSETTS 02110-1781

ATTORNEY DOCKET NUMBER:	494584-000003
NAME OF SUBMITTER:	Camille Duerr
SIGNATURE:	Camille Duerr
DATE SIGNED:	03/12/2024

## **Total Attachments: 5**

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Colorado Secretary of State Date and Time: 10/17/2014 06:56 AM

ID Number: 20061525894

Document number: 20141629169

Amount Paid: \$100.00

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# Statement of Conversion

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1.	For the converting entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are						
	ID number	20061525894 (Colorado Secretary of State ID numb	er)				
	Entity name or true name	Velocity Dynamics, Inc.					
	Form of entity	Corporation					
	Jurisdiction	Colorado					
	Street address	543 S. Pierce Ave.					
		(Street number and name)					
		Louisville	CO 80027				
		(City)	(State) (ZIP/Postal Code) United States				
		(Province – if applicable)	(Country)				
	Mailing address 543 S. Pierce Ave.						
	(leave blank if same as street address)	(Street number and name or Post Office Box information)					
		Louisville	CO 80027				
		(City)	(State) (ZIP/Postal Code) United States				
		(Province – if applicable)	(Country)				
2.	The entity name of the resulting entity	is Velocity Dynamics, LL	C				
	(Caution: The use of certain terms or abbrev						
3.	The converting entity has been convert	ed into the resulting entity pur	suant to section 7-90-201.7, C.R.S.				
4.	(If applicable, adopt the following statement by ma This document contains additional						
5.	(Caution: Leave blank if the document does n legal consequences. Read instructions before		ating a delayed effective date has significant				
	(If the following statement applies, adopt the statem The delayed effective date and, if applied						

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(mm/dd/yyyy hour:minute am/pm)

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(Last)	(First)	(Middle)	(Suffix)
(Street number a	and name or Post Offic	e Box information)	
Boulder	co	80302	
(City)	(State) United Sta	,	ode)
(Province – if applicable)	(Country	)	
ie name and mailing address o	*	ditional individua	uls
	(Last) Faegre Baker Daniels I (Street number a 1470 Walnut Street, Boulder (City) (Province – if applicable) nent by marking the box and include ar	Faegre Baker Daniels LLP  (Street number and name or Post Office 1470 Walnut Street, Suite 300  Boulder  (City)  (Province – if applicable)  (Province and include an attachment.)  The name and mailing address of one or more address.	Country   Coun

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ID Number: 20061525894

Document number: 20141629169

Amount Paid: \$100.00

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# Articles of Organization

filed pursuant to § 7-80-20	3 and § 7-80-204 of the Colo	orado Revised St	atutes (C.R.S.)	
1. The domestic entity name of the limi	ted liability company is Velocity Dynamics,	II C		
	(The name of a limited liability "limited liability company", "liability co.", "limited", "l.l.c.	company must conta	", "limited liability co.	
(Caution: The use of certain terms or abbr	eviations are restricted by law. R	ead instructions fo	r more information.)	
2. The principal office address of the lin	mited liability company's ini	tial principal off	ice is	
Street address	543 S. Pierce Ave.			
	(Stre	eet number and name	)	
	Louisville	СО	80027	
	(City)	United S	(ZIP/Postal Co	ode)
	(Province – if applicable)	(Count	ry)	
Mailing address	543 S. Pierce Ave.			
(leave blank if same as street address)	(Street number and name or Post Office Box information)			
	Louisville	СО	80027	
	(City)	United S	(ZIP/Postal C	ode)
	(Province – if applicable)	(Countr	у)	
3. The registered agent name and regist agent are	ered agent address of the lim	ited liability con	npany's initial reg	istered
Name (if an individual)	Plache	Paul		
,	(Last)	(First)	(Middle)	(Suffix)
or				
( <b>if</b> an entity) (Caution: Do not provide both an indi	vidual and an entity name.)			
Street address	5291 Spotted Horse	e Trail		
Street address	(Street number and name)			
	Boulder	CO	80301	
	(City)	(State)	(ZIP Code)	
Mailing address				
(leave blank if same as street address)	(Street number and	name or Post Office	Box information)	

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		CO		
	(City)	(State)	(ZIP Code)	
(The following statement is adopted by n ☐ The person appointed as re	narking the box.) gistered agent has consente	d to being so appoint	ed.	
4. The true name and mailing addr	ess of the person forming th	ne limited liability co	mpany are	
Name (if an individual)	Plache	Paul		
or	(Last)	(First)	(Middle)	(Suffix)
(if an entity) (Caution: Do not provide both a	n individual and an entity name.	)		
Mailing address	543 S. Pierce	Avenue		
ivianing address	(Street r	umber and name or Post C	office Box information)	
	Louisville	СО	80027	
	(City)	(State) United	(ZIP/Postal C States	ode)
	(Province – if appl			
	pany has one or more addit and mailing address of each liability company is vested	such person are state		
6. (The following statement is adopted by ma		npany.		
7. (If the following statement applies, adopt This document contains add				
(Caution: Leave blank if the docume significant legal consequences. Reactions			yed effective date has	
(If the following statement applies, adopt The delayed effective date and,		ocument is/are	he required format.) nm/dd/yyyy hour:minute a	 am/nm)
		(II)	miradryyyy nour minute o	ana bini)

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	(Street number a	and name or Post Of Suite 300	fice Box information)	
	Boulder	CO	80302	
•	(City)	(State) United St	(ZIP/Postal Cootates	le)
•	(Province – if applicable)	(Countr	<del>-y)</del>	
(If the following statement applies, adopt the s  This document contains the true nal causing the document to be deliver	me and mailing address o		•	S

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