

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

Assignment ID: PATI398844

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT	
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME	
<b>CONVEYING PARTY DATA</b>		
	<b>Name</b>	<b>Execution Date</b>
	DWFritz Automation, Inc.	06/24/2024
<b>RECEIVING PARTY DATA</b>		
<b>Company Name:</b>	DWFritz Automation, LLC	
<b>Street Address:</b>	9600 SW Boeckman Road	
<b>City:</b>	Wilsonville	
<b>State/Country:</b>	OREGON	
<b>Postal Code:</b>	97070	
<b>PROPERTY NUMBERS Total: 1</b>		
<b>Property Type</b>	<b>Number</b>	
<b>Patent Number:</b>	11067124	
<b>CORRESPONDENCE DATA</b>		
<b>Fax Number:</b>	7035054761	
<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>	7035054761	
<b>Email:</b>	rima.malik@sandvik.com	
<b>Correspondent Name:</b>	Corinne Gorski	
<b>Address Line 1:</b>	3200 Highlands Parkway SE	
<b>Address Line 2:</b>	200	
<b>Address Line 4:</b>	Smyrna, GEORGIA 30082	
<b>ATTORNEY DOCKET NUMBER:</b>	SMS 15793US	
<b>NAME OF SUBMITTER:</b>	Rima Malik	
<b>SIGNATURE:</b>	Rima Malik	
<b>DATE SIGNED:</b>	07/31/2024	
<b>Total Attachments: 4</b>		
source=DWFRITZ AUTOMATION, LLC-Name Change Doc#page1.tiff		
source=DWFRITZ AUTOMATION, LLC-Name Change Doc#page2.tiff		
source=DWFRITZ AUTOMATION, LLC-Name Change Doc#page3.tiff		
source=DWFRITZ AUTOMATION, LLC-Name Change Doc#page4.tiff		

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

**Certified Copy    805J261S9**

*I, LAVONNE GRIFFIN-VALADE, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:*

*That the attached*

Copy of the

Articles of

Conversion

*for*

*DWFRITZ AUTOMATION, LLC*

*is a true copy of the original document(s).*

*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*



*Lavonne Griffin-Valade*

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

6/24/2024



## Articles of Conversion - Business Entities

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - [sos.oregon.gov/business](http://sos.oregon.gov/business) - Phone: (503) 986-2200FILED: SEP 28, 2021  
OREGON SECRETARY OF STATE

14729511-22611945

DWFRITZ AUTOMATION, LLC

CNV

REGISTRY NUMBER: 147295-11

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is provided. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. Name of Business Entity Prior to Conversion: DWFRITZ AUTOMATION, INC.
2. Type of Business Entity Prior to Conversion: DOMESTIC BUSINESS CORPORATION
3. Name of Business Entity After Conversion: DWFRITZ AUTOMATION, LLC
4. Type of Business Entity After Conversion: DOMESTIC LIMITED LIABILITY COMPANY

5. Will the converted entity have continued existence in Oregon? Yes ☒ No ☐

6. If no, where will the jurisdiction be?

7. Select one of the following:

- ☐ A copy of the plan of conversion is attached.
- ☒ Address where the plan of conversion is on file.

Address 9600 SW BOECKMAN ROAD

City WILSONVILLE State OR Zip Code 97070

A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the conversion obtained authorization and approval in accordance with the statutes that govern the business entity.

8. Provide additional information required for new entity type. (Required)

SEE ATTACHED ARTICLES OF ORGANIZATION.

9. Oregon Corporation and Limited Liability Company Requirement:

- ☒ Oregon Corporations and Limited Liability Companies comply with House Bill 2191 by attaching an information change form that includes the Principal Place of Business and Individual with Direct Knowledge.

10. Execution: (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature: DocuSigned by:

Michael Fritz

Printed Name:

MICHAEL W. FRITZ

Title:

PRESIDENT

CONTACT NAME: (To resolve questions with this filing)

MICHAEL PHILLIPS

PHONE NUMBER: (Include area code)

503 241-2300

## FEES

Domestic Required Processing Fee \$100

Foreign Required Processing Fee \$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at [sos.oregon.gov/business](http://sos.oregon.gov/business) using the Business Name Search program.



## Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

REGISTRY NUMBER: 147295-11

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.  
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. NAME OF LIMITED LIABILITY COMPANY: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

DWFRITZ AUTOMATION, LLC

2. DURATION: (Please check one.)

☒ Duration shall be perpetual.☐ Latest date upon which the Limited Liability Company is to dissolve is \_\_\_\_\_

3. PRINCIPAL OFFICE: (Must be a physical street address)

9600 SW BOECKMAN ROAD

WILSONVILLE, OREGON 97070

4. REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

UNISEARCH, INC.

5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's office.)

698 12TH STREET SE, SUITE 200

SALEM, OREGON 97301

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

9600 SW BOECKMAN ROAD

WILSONVILLE, OREGON 97070

7. HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

☐ This LLC will be member-managed by one or more members.☒ This LLC will be manager-managed by one or more managers.

8. IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED: ORS 58.015(5)(m)

9. OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)

☐ BENEFIT COMPANY: The Limited Liability Company is a benefit company subject to sections 1 to 11 of chapter 269, Oregon Laws 2013. (additional requirements apply)☒ INDEMNIFICATION: The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 - 63.170.☐ SEE ATTACHED

10. NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS: (ORGANIZER)

MICHAEL W. FRITZ

9600 SW BOECKMAN ROAD

WILSONVILLE, OREGON 97070

LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

11. OWNERS: (MEMBERS) (Names and Addresses)

12. MANAGERS: (MANAGERS) (Names and Addresses)

13. INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address) List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.

MICHAEL W. FRITZ

9600 SW BOECKMAN ROAD

WILSONVILLE, OREGON 97070

14. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

SIGNATURE:

DocuSigned by:

Michael Fritz

PRINTED NAME:

MICHAEL W. FRITZ

TITLE:

ORGANIZER

CONTACT NAME: (To resolve questions with this filing)

MICHAEL PHILLIPS

PHONE NUMBER: (Include area code)

503 241-2300

Articles of Organization - Limited Liability Company 11/17)

## FEES

Required Processing Fee \$100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.

VOID WITHOUT WATERMARK ORIGINAL

PATENT

REEL: 068205 FRAME: 0374



## Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200  
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary. Fax: (503) 378-4381

REGISTRY NUMBER: 147295-11

ENTITY TYPE: ☒ DOMESTIC ☐ FOREIGN

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.  
We must release this information to all parties upon request and it will be posted on our website.

For office use only

## 1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

DWFRTZ AUTOMATION, LLC

Complete only the sections that you are updating.

## 2. BUSINESS ACTIVITY

## 6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

## 3. PRINCIPAL PLACE OF BUSINESS: (Street Address)

9600 SW BOECKMAN ROAD

WILSONVILLE, OREGON 97070

## 4. THE REGISTERED AGENT HAS BEEN CHANGED TO:

## 5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

Must be an Oregon Street Address, which is identical to the  
registered agent's office.

## 7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

## 8. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

The entity has been notified in writing of this change.

9. INDIVIDUAL WITH DIRECT KNOWLEDGE (Names and Addresses)  
List the name and address of at least one individual who is a director, or controlling shareholder of the corporation (member or manager of the LLC) or an authorized representative with direct knowledge of the operations and business activities of the corporation or LLC.

MICHAEL W. FRITZ

9600 SW BOECKMAN ROAD

WILSONVILLE, OREGON 97070

## 10. NAME(S) AND ADDRESS(ES) OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS

Corporations list the name and address of one President and one Secretary (ORS 60.787, ORS 65.787, ORS 62.455, ORS 554.315).

Limited Liability Companies list the name and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787). Please attach a separate sheet of paper if needed.

If making changes to this section, list all current names and addresses. This replaces what is currently on the record.

PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses)

SECRETARY OR MANAGER(S): (Names and Addresses)

MICHAEL W. FRITZ

9600 SW BOECKMAN ROAD

WILSONVILLE, OREGON 97070

11. EXECUTION: I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

SIGNATURE:

DocuSigned by:

Michael Fritz

PRINTED NAME:

MICHAEL W. FRITZ

TITLE:

MANAGER

CONTACT NAME: (To resolve questions with this filing)

MICHAEL PHILLIPS

PHONE NUMBER: (Include area code)

503 241-2300

## FEES

No Processing Fee

Free copies are available at sos.oregon.gov/business using the Business Name Search program.

Information Change 12/17)

PATENT

RECORDED: 07/31/2024

REEL: 068205 FRAME: 0375