

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

Assignment ID: PATI708134

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Entity Conversion
CONVEYING PARTY DATA	
Name	Execution Date
MCNISH CORPORATION	12/18/2024
RECEIVING PARTY DATA	
Company Name:	MCNISH, LLC
Street Address:	840 N Russell Dr.
City:	Aurora
State/Country:	ILLINOIS
Postal Code:	60506
PROPERTY NUMBERS Total: 3	
Property Type	Number
Patent Number:	9080673
Patent Number:	8899594
Patent Number:	7549441
CORRESPONDENCE DATA	
Fax Number:	
<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:	2192016273
Email:	mnahnsen@btlaw.com
Correspondent Name:	Mr. Mark J. Nahnsen
Address Line 1:	One North Wacker Dr.
Address Line 2:	Suite 4400
Address Line 4:	Chicago, ILLINOIS 60606
ATTORNEY DOCKET NUMBER:	921765-103118
NAME OF SUBMITTER:	Mark Nahnsen
SIGNATURE:	Mark Nahnsen
DATE SIGNED:	12/19/2024
Total Attachments: 10	
source=McNish, LLC (Conformed)#page1.tiff	
source=McNish, LLC (Conformed)#page2.tiff	
source=McNish, LLC (Conformed)#page3.tiff	

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source=McNish, LLC (Conformed)#page8.tiff
source=McNish, LLC (Conformed)#page9.tiff
source=McNish, LLC (Conformed)#page10.tiff



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/18/2024	202435300588	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

NATIONAL SERVICE INFORMATION, INC.
145 BAKER STREET
MARION, OH 43302

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
477969

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
MCNISH, LLC

and, that said business records show the filing and recording of:

Document(s)

Conversion Within SOS Records

CHANGE BUSINESS TYPE OH LLC

Document No(s):

202435300588

Effective Date: 12/18/2024



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
18th day of December, A.D. 2024.

Ohio Secretary of State

Form 700 Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio
Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio
Secretary of State (187-VXX)**

Name of the converting entity

MCNISH CORPORATION

Jurisdiction of Formation

OHIO

Charter/Registration Number

477969

The converting entity is a:
(Check Only (1) One Box)

☐ Domestic Nonprofit Corporation☒ Domestic For-Profit Corporation☐ Domestic Professional Association☐ Foreign Nonprofit Corporation☐ Foreign For-Profit Corporation☐ Domestic Limited Liability Company☐ Partnership☐ Domestic Limited Partnership☐ Foreign Limited Partnership☐ Domestic Limited Liability Partnership☐ Foreign Limited Liability Partnership☐ Foreign Limited Liability Company

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists
and that those laws permit the conversion.

Name of the converted entity

McNish, LLC

Jurisdiction of Formation

Ohio

The converted entity is a:

(Check Only (1) One Box)☐ Domestic For-Profit Corporation☐ Domestic Professional AssociationIf Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares☐ Foreign Nonprofit Corporation☐ Foreign For-Profit Corporation☒ Domestic Limited Liability Company☐ Foreign Limited Liability Company☐ Partnership☐ Domestic Limited Partnership☐ Foreign Limited Partnership☐ Domestic Limited Liability Partnership☐ Foreign Limited Liability PartnershipEffective Date
(Optional)

MM/DD/YYYY

(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Michelle Eddy McNish

Name

840 N Russell Ave

Address

Aurora

City

Illinois

State

60506

Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instruction for details.)

City

OH

State

ZIP Code

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

/s/Michelle Eddy McNish

Signature

By (if applicable)

Michelle Eddy McNish

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

McNish Corporation

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	Date Notified (MM/DD/YYYY) 12/17/2024	Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	Date Notified (MM/DD/YYYY) 12/17/2024
* Only required for domestic for-profit corporations		Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413	Regular Address: P.O. Box 182413 Columbus, OH 43218-2413
Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us	Date Notified (MM/DD/YYYY) N/A	<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.			

Note: This affidavit must be signed by the person executing the certificate or by an officer of the corporation.

Signature



Title

President**Michelle Eddy McNish**

Name

840 N Russell Ave

Mailing Address

Aurora

City

IL

State

60506

ZIP Code

State of

Illinois

County of

Kane

Sworn to or affirmed and subscribed before me by

Elizabeth C Bancroft

Name of person making oath or affirmation

NOTARY SEAL

on this date

12/16/2024

Today's Date (MM/DD/YYYY)



OFFICIAL SEAL
ELIZABETH C BANCROFT
Notary Public, State of Illinois
Commission No. 977457
My Commission Expires
August 31, 2027

Notary Public's Signature

8/31/2027

Expiration Date of Notary's Commission (MM/DD/YYYY)

AFFIDAVIT OF PERSONAL PROPERTY

State of **Illinois**County of **Kane****Michelle Eddy McNish**

Name of Officer

President

Title of Officer

of

McNish Corporation

Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section **1701.792**

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio☐ Is the type required to pay personal property taxes to state authorities only☒ Has personal property in the following county (ies)**Delaware**

County

Richland

County

County

Signature



Title

President

Sworn to or affirmed and subscribed before me by

Elizabeth C Bancroft

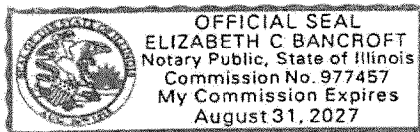
Name of person making oath or affirmation

on this date

12/16/2024

Today's Date (MM/DD/YYYY)

NOTARY SEAL



Notary Public's Signature

08/31/2027

Expiration Date of Notary's Commission (MM/DD/YYYY)



PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



MICHELLE MCNISH
840 N RUSSELL DR
AURORA, IL 60506
USA

December 06, 2024
Contact ID: 8226820801

RE: Certificate of Tax Clearance
Entity Name: Mcnish Corporation
Ohio Charter #: 00477969
Certificate Issue Date: 12/06/2024

Up to and including the certificate issue date, all taxes administered by the Tax Commissioner have been filed and paid in full.

This certificate does not preclude the Department from issuing a bill and/or assessment, for any tax returns and/or tax liabilities and fees becoming due, after the certificate issue date. Also, this certificate does not preclude the Department from examining or auditing any period.

This Certificate of Tax Clearance is valid for thirty (30) days after issuance. The Ohio Secretary of State requires it to be submitted with their prescribed forms

Patricia Harris
Tax Commissioner

If responding to this notice, please use one of the following options:

- **Electronically:** Online Notice Response Service (ONRS) at gateway.ohio.gov or tax.ohio.gov/ONRS
- **Email:** Dissolution@tax.ohio.gov
- **eFax:** 1-206-984-0378
- **Mail:** Ohio Department of Taxation, PO Box 182382, Columbus, OH 43218-2382

Please contact the Department with any questions.

Tax Release Unit
Phone: 1-855-995-4422
TTY/TDD: 1-800-750-0750

Form 610 Prescribed by:



Telphone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

115-LCA

Name of Limited Liability Company

(Name must include one of the following words or abbreviations:
"limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd.")

Optional:

Effective Date (MM/DD/YYYY)

Effective Time

Pursuant to Ohio Revised Code Section 1706.16(D), a limited liability company is formed when the articles of organization are filed by the secretary of state or at any later date or time specified in the articles of organization. Pursuant to Ohio Revised Code Section 1706.172(D), articles of organization delivered to the Ohio Secretary of State for filing may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. Articles of organization are effective as provided in Ohio Revised Code Section 1706.172(D).

Optional:

Purpose

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

McNish, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The complete address of the agent is:

Corporation Service Company

(Name of Statutory Agent)

1160 Dublin Road, Suite 400

(Mailing Address)

Columbus

(Mailing City)

Ohio

(Mailing State)

43215

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned,

Corporation Service Company

, named herein as the
(Name of Statutory Agent)

Statutory agent for

McNish, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature

/s/Elizabeth Kitchen

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles of Organization shall be signed by at least one person.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name