

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM617844

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Nuance Systems Corporation		12/24/2020	Corporation: OREGON
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Nuance Systems, LLC		
<b>Street Address:</b>	11789 W. Executive Drive		
<b>City:</b>	Boise		
<b>State/Country:</b>	IDAHO		
<b>Postal Code:</b>	83713		
<b>Entity Type:</b>	Limited Liability Company: OREGON		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	90188831	NSI	
<b>Serial Number:</b>	90188820	NUANCE SYSTEMS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3128637806		
<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>	3128637198		
<b>Email:</b>	nancy.brougher@goldbergkohn.com		
<b>Correspondent Name:</b>	Nancy J. Brougher, Paralegal		
<b>Address Line 1:</b>	c/o Goldberg Kohn Ltd.		
<b>Address Line 2:</b>	55 East Monroe, Suite 3300		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60603		
<b>ATTORNEY DOCKET NUMBER:</b>	6030.124		
<b>NAME OF SUBMITTER:</b>	Nancy Brougher		
<b>SIGNATURE:</b>	/njb/		
<b>DATE SIGNED:</b>	12/31/2020		
<b>Total Attachments: 2</b>			
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source=Conversion Nuance Systems Corporation (OR) to Nuance Systems LLC (OR)#page2.tif			

OP \$65.00 90188831



FILED: DEC 24, 2020  
OREGON SECRETARY OF STATE



64784599-21736287

REGISTRY NUMBER: 647845-99

NUANCE SYSTEMS, LLC

CNV

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public. 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 Business Entity Prior to Conversion: Nuance Systems Corporation
- 2. Type of Business Entity Prior to Conversion: Domestic Corporation
- 3. Name of Business Entity After Conversion: Nuance Systems, 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 3688 Wyoga Lake Road

City Stow State OH Zip Code 44224

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 or document 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:

Printed Name:

Kyle S. Kimmerle

Title:

President

CONTACT NAME: (To resolve questions with this filing)

Kelly Berry

PHONE NUMBER: (Include area code)

216-274-2368

**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) 988-2200

REGISTRY NUMBER: 647845-99

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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.")

Nuance Systems, 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)

7233 SW Kable Lane, Suite 500

Portland, Oregon 97224

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

C T Corporation System

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

780 Commercial St. SE, Ste 100

Salem, OR 97301

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

3688 Wyoga Lake Road

Stow, Ohio 44224

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)

William L. Kimmerle and Kyle S. Kimmerle

3688 Wyoga Lake Road

Stow, Ohio 44224

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)

William L. Kimmerle, Manager

Kyle S. Kimmerle, Manager

3688 Wyoga Lake Road, Stow, Ohio 44224

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.

Kyle S. Kimmerle

3688 Wyoga Lake Road

Stow, Ohio 44224

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:

*[Handwritten signatures of Kyle S. Kimmerle and William L. Kimmerle]*

PRINTED NAME:

Kyle S. Kimmerle

William L. Kimmerle

TITLE:

Manager

Manager

CONTACT NAME: (To resolve questions with this filing)

Kelly Berry

PHONE NUMBER: (include area code)

216-274-2368

Articles of Organization - Limited Liability Company 11/17

FEE

Required Processing Fee \$100

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