


TRADEMARK RECORDATION FORM COVER SHEET	Attorney Docket No. 030.22-0002
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original document or copy thereof.	
1. Name of conveying party: Sterion, Inc. <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Name: <u>Sterion Incorporated</u> Internal Address: Street Address: <u>13828 Lincoln Stree N.E.</u> City <u>Ham Lake</u> State <u>MN</u> ZIP <u>55304</u> <input checked="" type="checkbox"/> Corporation-State
3. Nature of Conveyance: <input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>05/17/02</u>	If assignee is not domiciled in the United States, a domestic representative designation is attached <input type="checkbox"/> Yes <input type="checkbox"/> No (Designation must be a separate document from Assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
4A. Application No.(s) Additional numbers attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	4B. Registration No.(s) <u>1842831, 1585477, 1736358</u> Additional numbers attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Theodore M. Magee</u> Street Address: <u>Westman, Champlin &amp; Kelly, P.A.</u> <u>Suite 1600</u> <u>International Centre</u> <u>900 Second Avenue South</u> City: <u>Minneapolis</u> State: <u>MN</u> ZIP <u>55402-3319</u>	6. Total number of applications and registrations involved: <u>[ 3 ]</u>
8. Method of Payment <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> The Commissioner is authorized to charge payment of any additional recording fees or credit any overpayment to deposit account No. 23-1123.	7. Total fee (37 CFR 3.41):.....\$ <u>\$85.00</u>
DO NOT USE THIS SPACE	
9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.  <div style="display: flex; justify-content: space-between;"> <div data-bbox="66 1644 422 1703"> <u>Theodore M. Magee</u>              Name of Person Signing           </div> <div data-bbox="544 1612 1003 1703">               Signature           </div> <div data-bbox="1136 1627 1404 1703"> <u>4-11-03</u>              Date           </div> </div> <div style="text-align: right; margin-top: 10px;">             Total number of pages submitted: <u>[ 2 ]</u> </div>	

3H-190

State of Minnesota

**SECRETARY OF STATE***Certificate of Merger*

*I, Mary Kiffmeyer, Secretary of State of Minnesota, certify that: the documents required to effectuate a merger between the entities listed below and designating the surviving entity have been filed in this office on the date noted on this certificate; and the qualification of any non-surviving entity to do business in Minnesota is terminated on the effective date of this merger.*

*Merger Filed Pursuant to Minnesota Statutes, Chapter: 302A*

*State of Formation and Names of Merging Entities:*

*MN: STERION, INC.  
MN: STERION INCORPORATED*

*State of Formation and Name of Surviving Entity:*

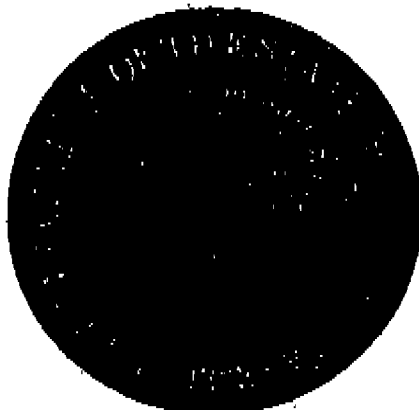
*MN: STERION INCORPORATED*

*Effective Date of Merger: May 17, 2002 12:01 am*

*Name of Surviving Entity After Effective Date of Merger:*

*STERION INCORPORATED*

*This certificate has been issued on: May 17, 2002*



*Mary Kiffmeyer*  
Secretary of State.