

## TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Conversion to LLC		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
newScale, Inc.		04/18/2011	CORPORATION: CALIFORNIA
RECEIVING PARTY DATA			
Name:	newScale LLC		
Street Address:	170 West Tasman Drive		
City:	San Jose		
State/Country:	CALIFORNIA		
Postal Code:	94041		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	2830406	NEWSCALE	
Registration Number:	2764643	REQUESTCENTER	
CORRESPONDENCE DATA			
Fax Number:	(650)938-5200		
Phone:	(650) 988-8500		
Email:	trademarks@fenwick.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Correspondent Name:	Sally M. Abel, Esq.		
Address Line 1:	801 California Street		
Address Line 2:	Silicon Valley Center		
Address Line 4:	Mountain View, CALIFORNIA 94041		
ATTORNEY DOCKET NUMBER:	23764-00071-2185		
NAME OF SUBMITTER:	Sally M. Abel, Esq.		
Signature:	/sabel/		

CH \$65.00 2830406

Date:

02/29/2012

Total Attachments: 2

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**State of California  
Secretary of State**

LLC-1A

File # **201110810058**

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

APR 18 2011

**Limited Liability Company  
Articles of Organization - Conversion**

**IMPORTANT — Read all instructions before completing this form.**

This Space For Filing Use Only

**Converted Entity Information**

1. NAME OF LIMITED LIABILITY COMPANY (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)  
newScale LLC
2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.
3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)  
 ONE MANAGER       MORE THAN ONE MANAGER       ALL LIMITED LIABILITY COMPANY MEMBER(S)
4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE  
170 West Tasman Drive      San Jose      CA      95134
5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residing in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address of the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in item 6.)  
Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service
6. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA      CITY      STATE      ZIP CODE  
CA
7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS      CITY      STATE      ZIP CODE  
 THE MAILING ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IS THE SAME AS THE AGENT'S BUSINESS OR RESIDENTIAL ADDRESS IN ITEM 6.

**Converting Entity Information**

8. NAME OF CONVERTING ENTITY  
newScale, Inc.
9. FORM OF ENTITY      10. JURISDICTION      11. CA SECRETARY OF STATE FILE NUMBER, IF ANY  
Corporation      California      **C2207603**
12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING FOR EACH CLASS:  
STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE      AND      THE PERCENTAGE VOTE REQUIRED OF EACH CLASS.  
Common stock 100 shares      100%

**Additional Information**

13. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.
14. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

April 18, 2011  
DATE

Mark Gorman  
SIGNATURE OF AUTHORIZED PERSON

Mark Gorman, President and Assistant Secretary  
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

\_\_\_\_\_  
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

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DEBRA BOWEN  
Secretary of State  
11/11/11



I hereby certify that the foregoing  
transcript of \_\_\_\_\_ (pages)  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office.

APR 19 2011

Date: \_\_\_\_\_ *S/S*

*Debra Bowen*  
DEBRA BOWEN, Secretary of State