

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM723952

<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>
Primus Wind Power, Inc.		06/02/2021	Corporation: COLORADO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Primus Wind Power, LLC		
<b>Street Address:</b>	938 Quail Street		
<b>Internal Address:</b>	Unit E		
<b>City:</b>	Lakewood		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	80215		
<b>Entity Type:</b>	Limited Liability Company: COLORADO		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	6215568	PRIMUS WINDPOWER	
<b>Registration Number:</b>	6243362	AIR	
<b>Registration Number:</b>	4677444	PRIMUS	
<b>Registration Number:</b>	4488417	AIR	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	7205489810		
<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>	3039539083		
<b>Email:</b>	jsheridan@sheridanlaw.com		
<b>Correspondent Name:</b>	James A. Sheridan		
<b>Address Line 1:</b>	1301 Arapahoe Street		
<b>Address Line 2:</b>	Suite 105		
<b>Address Line 4:</b>	Golden, COLORADO 80401		
<b>ATTORNEY DOCKET NUMBER:</b>	PRIMUS-ENTITY-CONVERSION		
<b>NAME OF SUBMITTER:</b>	James A. Sheridan		
<b>SIGNATURE:</b>	/James A. Sheridan 43114/		
<b>DATE SIGNED:</b>	04/26/2022		

**Total Attachments: 5**

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6. The true name and mailing address of the individual causing this document to be delivered for filing are

<u>Mares</u>	<u>Sara</u>		
(Last)	(First)	(Middle)	(Suffix)
<u>Brownstein Hyatt Farber Schreck LLP</u>			
(Street number and name or Post Office Box information)			
<u>410 17th Street, Suite 2200</u>			
<u>Denver</u>	<u>CO</u>	<u>80202</u>	
(City)	(State)	(ZIP/Postal Code)	
	<u>United States</u>		
(Province – if applicable)	(Country)		

(If applicable, adopt the following statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).



Colorado Secretary of State  
 Date and Time: 06/02/2021 05:10 PM  
 ID Number: 20131015314  
 Document number: 20211527855  
 Amount Paid: \$100.00

Document must be filed electronically.  
 Paper documents are not accepted.  
 Fees & forms are subject to change.  
 For more information or to print copies  
 of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us).

ABOVE SPACE FOR OFFICE USE ONLY

**Articles of Organization**

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Primus Wind Power, LLC

*(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)*

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

938 Quail Street

(Street number and name)

Unit E

Lakewood

(City)

CO

(State)

80215

(ZIP/Postal Code)

United States

(Country)

(Province – if applicable)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

or

(if an entity)

Robert G. Hueston, P.C.

(Caution: Do not provide both an individual and an entity name.)

Street address

3900 E. Mexico Avenue

(Street number and name)

Suite 300

Denver

(City)

CO

(State)

80210

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name  
(if an individual) \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

or

(if an entity) Primus Wind Power Holdco, Inc.  
(Caution: Do not provide both an individual and an entity name.)

Mailing address 938 Quail Street, Unit E  
(Street number and name or Post Office Box information)

Lakewood CO 80215  
(City) (State) (ZIP/Postal Code)  
Colorado United States  
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_  
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

