

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM402589

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Suzanne Nordfelt		05/09/2016	INDIVIDUAL: UNITED STATES
Michael Nordfelt		05/09/2016	INDIVIDUAL: UNITED STATES
RECEIVING PARTY DATA			
Name:	OCCAM'S RAZOR TECHNOLOGIES LLC		
Street Address:	2980 Treadwell Lane		
City:	Herndon		
State/Country:	NEVADA		
Postal Code:	20171		
Entity Type:	Limited Liability Company: NEVADA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	86916794	OCCAM'S RAZOR TECHNOLOGIES	
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:	877-604-0162 x402		
Email:	docket@stahlinpc.com		
Correspondent Name:	Andrea M. Wiita		
Address Line 1:	315 W. Huron Street, Ste. 240A		
Address Line 4:	Ann Arbor, MICHIGAN 48103		
NAME OF SUBMITTER:	Andrea M. Wiita		
SIGNATURE:	/Andrea M. Wiita/		
DATE SIGNED:	10/19/2016		
Total Attachments: 2			
source=2014 Legal docs (annual list and license)#page2.tif			
source=2011 ORT Articles of Organization#page1.tif			

OP \$40.00 86916794

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER

OCCAM'S RAZOR TECHNOLOGIES LLC

E0535702011-7

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF SEP, 2014 TO SEP, 2015



USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov****

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A **Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Return completed form with the fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20140480820-99
	Filing Date and Time 07/02/2014 7:12 AM
	Entity Number E0535702011-7
	(This document was filed electronically.) ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 (if filing late) BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME <u>MICHAEL NORDFELT</u>	MANAGER OR MANAGING MEMBER
ADDRESS <u>2980 TREADWELL LANE , USA</u>	CITY <u>HERNDON</u> STATE <u>VA</u> ZIP CODE <u>20171</u>
NAME <u>SUZANNE M NORDFELT</u>	MANAGER OR MANAGING MEMBER
ADDRESS <u>2980 TREADWELL LANE , USA</u>	CITY <u>HERNDON</u> STATE <u>VA</u> ZIP CODE <u>20171</u>
NAME <u> </u>	MANAGER OR MANAGING MEMBER
ADDRESS <u> </u>	CITY <u> </u> STATE <u> </u> ZIP CODE <u> </u>
NAME <u> </u>	MANAGER OR MANAGING MEMBER
ADDRESS <u> </u>	CITY <u> </u> STATE <u> </u> ZIP CODE <u> </u>

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X SUZANNE NORDFELT

Title COO Date 7/2/2014 7:12:47 AM

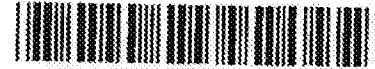
Signature of Manager, Managing Member or Other Authorized Signature

TRADEMARK Nevada Secretary of State List ManorMem Revised: 8-8-13

REEL: 005904 FRAME: 0874



ROSS MILLER
 Secretary of State
 204 North Carson Street, Suite 4
 Carson City, Nevada 89701-4520
 (775) 684-5708
 Website: www.nvsos.gov



050102

Articles of Organization
Limited-Liability Company
 (PURSUANT TO NRS CHAPTER 86)

Filed in the office of 	Document Number 20110698001-38
Ross Miller Secretary of State State of Nevada	Filing Date and Time 09/26/2011 9:36 AM
	Entity Number E0535702011-7

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1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	Occam's Razor Technologies LLC		Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: <u>National Registered Agents Inc. of NV</u> Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity Street Address _____ City _____ Nevada _____ Zip Code _____ Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____			
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual): _____			
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s) (check only one box)			
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) <u>Suzanne Nordfelt</u> Name <u>2980 Treadwell Lane</u> <u>Herndon</u> <u>VA</u> <u>20171</u> Street Address City State Zip Code 2) _____ Name _____ Street Address _____ City _____ State _____ Zip Code _____ 3) _____ Name _____ Street Address _____ City _____ State _____ Zip Code _____			
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	<u>Edward W. Stahlin</u> Name <input checked="" type="checkbox"/> <u>123 N. Ashley, Suite 123</u> <u>Ann Arbor</u> <u>MI</u> <u>48104</u> Address City State Zip Code Organizer Signature			
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity <u>09/26/2011</u> Date			

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 D.L.L.C. Articles Revised: 9-9-10