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Articles of Reinstatement
filed pursuant to §7-90-301, et seq. and §7-90-1003 of the Colorado Revised Statutes (C.R.S)

1. For the entity, its ID number and entity name are

ID number: 19991009959
(Colorado Secretary of State ID number)

Entity name: IDRIS COMMUNICATIONS INC, Dissolved September 23, 2004.

2. Following reinstatement the domestic entity name of the domestic entity shall comply with section 7-90-1004.

3. The domestic entity name of the entity following reinstatement is
IDRIS COMMUNICATIONS INC.

4. The registered agent name and registered agent address of the registered agent are

Name (if an individual): SHATTIL (*Last*) STEVEN (*First*) JAMES (*Middle*) ____ (*Suffix*)

OR

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

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

Street address: 990 GRAPE AVE
(Street name and number)

BOULDER (*City*) CO (*State*) 80304 (*Postal/Zip Code*)

Mailing address (**leave blank** if same as street address) _____
(Street name and number or Post Office Box information)

_____ (*City*) ____ (*State*) _____ (*Postal/Zip Code*)

_____ (*Province – if applicable*) United States (*Country – if not US*)

5. The principal office address of the entity's principal office is

Street address: 990 GRAPE AVE
(Street name and number)

BOULDER (*City*) CO (*State*) 80304 (*Postal/Zip Code*)

_____ (*Province – if applicable*) United States (*Country – if not US*)

Samsung Exhibit 1113, Page 1 of 3
Samsung Electronics Co., Ltd. et al. v. Genghiscomm Holdings LLC
IPR2025-00793

Mailing address
*(**leave blank** if same as street address)*

PO BOX 17355
(Street name and number or Post Office Box information)

BOULDER | CO | 80308
(City) | *(State)* | *(Postal/Zip Code)*

CO | United States
(Province – if applicable) | *(Country – if not US)*

6. The date of formation of the entity is 01/19/1999 .
(mm/dd/yyyy)

7. The date of dissolution of the entity is (if known) 09/23/2004.
(mm/dd/yyyy)

8. *(If the following statement applies, adopt the statement by marking the box and including an attachment.)*
☐ This document contains additional information as provided by law.

9. *(**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)

10. The Colorado statute under which the entity existed immediately prior to its dissolution is 7-102-102.

11. All applicable conditions of CRS §7-90-1002 have been satisfied.

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 such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

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

SHATTIL | STEVEN | |
(Last) | *(First)* | *(Middle)* | *(Suffix)*

PO BOX 17355
(Street name and number or Post Office Box information)

BOULDER | CO | 80308
(City) | *(State)* | *(Postal/Zip Code)*

| United States
(Province – if applicable) | *(Country – if not US)*

Samsung Exhibit 1113, Page 2 of 3
Samsung Electronics Co., Ltd. et al. v. Genghiscomm Holdings LLC
IPR2025-00793

(If the following statement applies, adopt the 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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Samsung Exhibit 1113, Page 3 of 3
Samsung Electronics Co., Ltd. et al. v. Genghiscomm Holdings LLC
IPR2025-00793