

CRK

08-30-2002

Form **PTO-1594**

(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

Tab settings $\rightarrow \rightarrow \rightarrow$



102206383

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

UCSF Stanford Health Care *08-09-02*

- Individual(s)
- Association
- General Partnership
- Limited Partnership
- Corporation-State - California
- Other _____

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other _____

Execution Date: March 4, 2002

2. Name and address of receiving party(ies)

Name: The Regents of the University of California
Internal _____
Address: _____ 9

Street Address: 1111 Franklin Street

City: Oakland State: CA Zip: 94607

- Individual(s) citizenship _____
- Association _____
- General Partnership _____
- Limited Partnership _____
- Corporation-State California
- Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)
Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

75/677,535

B. Trademark Registration No.(s)

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Erin M. Clarke, Esq.

Internal Address: 455 Market Street

Suite 1910

San Francisco, CA 94105

Street Address: 455 Market Street

Suite 1910

City: San Francisco State: CA Zip: 94105

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

n/a

(Attach duplicate copy of this page if paying by deposit account)

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.

Erin M. Clarke

Name of Person Signing

Erin M. Clarke

Signature

August 5, 2002

Date

Total number of pages including cover sheet, attachments, and document: 5

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

TRADEMARK
REEL: 002573 FRAME: 0090

4.1700

FORM PTO-1618A

Expires 06/30/99

OMB 0651-0027

09-26-2000

U.S. Department of Commerce

Patent and Trademark Office

TRADEMARK



RECOR

101471589

TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or cop(ies).

Submission Type

New
 Resubmission (Non-Recordation)
Document ID #

Correction of PTO Error
Reel # Frame#

Corrective Document
Reel # Frame#

Conveyance Type

Assignment
 Security Agreement
 Merger
 Change of Name
 Other
 Other
 License
 Nunc Pro Tunc Assignment
Effective Date
Month Day Year

Conveying Party

Mark if additional names of conveying parties attached
Execution Date
Month Day Year

Name UCSF Stanford Health Care

Formerly

Individual
 General Partnership
 Limited Partnership
 Corporation
 Association
 Other Nonprofit Public Benefit Corporation

Citizenship/State of Incorporation/Organization California

75766535

Receiving Party

Mark if additional names of conveying parties attached

Name The Regents of the University of California

DBA/AKA/TA

Composed of

Address (line 1) 1111 Franklin Street

Address (line 2)

Address (line 3) Oakland California/USA 94607

Individual
 General Partnership
 Limited Partnership
 Corporation
 Association
 Other Constitutional Corporation
If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Citizenship/State of Incorporation/Organization California

09/25/2000 MTHA11 00000333 75766535

FOR OFFICE USE ONLY

FC:481 40.00 DP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT REQUEST TO RECORD ASSIGNMENT DOCUMENT TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

RETAIN THIS NUMBER-CUSTOMER RECEIPT WILL BE MAILED TO YOU.

TB835951776 US

TRADEMARK
REEL: 002573 FRAME: 0091

TRADEMARK

Domestic Representative Name and Address Enter for the first Receiving Party Only

Name _____

Address (line 1) _____

Address (line 2) _____

Address (line 3) _____

Address (line 4) _____

Correspondent Name and Address Area Code and Telephone Number (415) 772-6881

Name Beth M. Goldman

Address (line 1) HELLER EHRMAN WHITE & McAULIFFE LLP

Address (line 2) 333 Bush Street

Address (line 3) San Francisco, CA 94104-2878

Address (line 4) _____

Pages Enter the total number of pages of the attached conveyance document including any attachments # 1

Trademark Application Number(s) or Registration Numbers(s) Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
75/766,535					

Number of Properties Enter the total number of properties involved. # 1

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00

Method of Payment: Enclosed Deposit Account

Deposit Account
(Enter for payment by deposit account or if additional fees can be charged to the account.)
Deposit Account Number: # 08-1645 Ref. No. 25018-0001

Authorization to charge additional fees: Yes No

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. Charges to deposit account are authorized, as indicated herein.

Beth M. Goldman _____ September 11, 2000

Name of Person Signing _____ Signature _____ Date Signed _____

ASSIGNMENT OF TRADEMARK

This Assignment of Trademark ("Assignment") is made by UCSF Stanford Health Care, a California non-profit public benefit corporation, having its principal place of business at 5 Thomas Mellon Circle, San Francisco, California, 94134, in favor of The Regents of the University of California, having a principal place of business at 1111 Franklin Street, Oakland, California, 94607.

WHEREAS, UCSF Stanford Health Care is the owner of the following trademark and has submitted an application for the registration therefor (the "Assigned Trademark") in the United States Patent and Trademark Office:

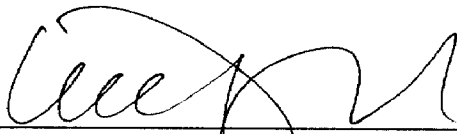
Trademark	Serial No.
PROGENI	75/677,535

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, UCSF Stanford Health Care hereby assigns unto The Regents of the University of California all its rights, title and interest in, to and under the Assigned Trademark, free and clear of all liens, together with the goodwill of the business symbolized by the Assigned Trademark.

This Assignment is effective *nunc pro tunc* as of May 18, 2000.

UCSF STANFORD HEALTH CARE

Date: March 4, 2002

By: 

Name: William D. Stempel, Esq.

Title: CEO and General Counsel