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10/20/02

10-07-2002

FORM PTO-1594  
(Rev. 03/01)  
OMB No. 0651-0027 (exp. 5/31/2002)

U.S. DEPARTMENT OF COMMERCE  
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To the Honorable Commissioner of P. \_\_\_\_\_ original documents or copy thereof.

<p>1. Name of conveying party(ies):  Molecular Innovations, Inc.</p> <p><input type="checkbox"/> Individual(s)                      <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership              <input type="checkbox"/> Limited Partnership  <input checked="" type="checkbox"/> Corporation-Delaware  <input type="checkbox"/> Other _____  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and Address of receiving party(ies):  Name: <u>Xtrana, Inc.</u>  Internal _____  Address: _____  Street Address: <u>590 Burbank Street</u>  City: <u>Broomfield</u> State: <u>CO</u> Zip: <u>80020</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____  <input type="checkbox"/> Association _____  <input type="checkbox"/> General Partnership _____  <input type="checkbox"/> Limited Partnership _____  <input checked="" type="checkbox"/> Corporation-State <u>Delaware</u>  <input type="checkbox"/> Other _____</p> <p><small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No  (Designations must be a separate document from Assignment)  Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</small></p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment                      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement              <input checked="" type="checkbox"/> Change of Name  <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>March 27, 2000</u></p>	<p>4. Application number(s) or registration number(s):  A. Trademark Application No.(s)  <u>75/739967</u>  <u>75/652903</u></p> <p>B. Trademark registration No.(s)</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:  Name: <u>Steven C. Petersen</u>  Internal Address: <u>Hogan &amp; Hartson LLP</u>  _____  _____  Street Address: <u>1470 Walnut Street, Suite 200</u>  _____  City: <u>Boulder</u> State: <u>CO</u> Zip: <u>80302-5341</u></p>	<p>6. Total number of applications and registrations involved: ..... <span style="border: 1px solid black; padding: 2px;">2</span></p> <p>7. Total fee (37 CFR 3.41): ..... \$ <u>65.00</u></p> <p><input type="checkbox"/> Enclosed  <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: <u>08-2550</u>  (Attach duplicate copy of this page if paying by deposit account)</p>

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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.*

Susan L. Mark                      Susan L. Mark                      10-2-02  
Name of Person Signing                      Signature                      Date

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Total number of pages including cover sheet, attachments, and document: 2

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**APPLICATION FOR AMENDED AUTHORITY**

Pursuant to the provisions of the Colorado Business Corporation Act, the undersigned corporation hereby applies for an Amended Authority and states:

FIRST The name of the corporation is: Molecular Innovations, Inc

SECOND If the corporate name was not available, the assumed name of the corporation is: \_\_\_\_\_

THIRD \_\_\_\_\_ (Check if Applicable) The corporate name of the corporation has become available in Colorado and the corporation desires to amend its Authority to reflect the corporate name on the records of the Secretary of State.

\_\_\_\_\_ The corporation has amended the period of duration in its Articles of Incorporation to \_\_\_\_\_

The corporation has changed its name to Xtrana, Inc.

The name which it elects to use in Colorado is: Xtrana, Inc.

(If its corporate name is not available for use in Colorado)

\_\_\_\_\_ The corporation has redomesticated from \_\_\_\_\_ to \_\_\_\_\_

FOURTH This application is accompanied by a Certificate of Fact, duly authenticated by the proper officer in the state or country of incorporation (or redomestication as the case may be) certifying the statement(s) made above.

Xtrana, Inc.  
Name of Corporation

Signature *John C. Gordes*  
John C. Gordes

Title Vice President

Revised 7/95

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