

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): <p style="text-align: center;">RHONE MERIEUX, INC.</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: GEORGIA <input type="checkbox"/> Other: Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Name: MERIAL, INC. Internal Address: 3239 SATELLITE BLVD. Street Address: City: DULUTH Country: GEORGIA Zip: 30096 <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: GEORGIA <input type="checkbox"/> Other: 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) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: OCTOBER 16, 1997	

4. Application number(s) or registration number(s): A. Trademark Application No.(s) Additional number(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. Trademark Registration No.(s) <p style="text-align: center;">1,302,389</p>
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5. Name and address of party to whom correspondence concerning document should be mailed: <p style="text-align: center;">Attn.: Brewster Taylor LARSON & TAYLOR, PLC Suite 900 1199 North Fairfax Street Alexandria, Virginia 22314-1437</p>	6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 3.41) \$40 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to Credit Card (attached form) 8. Deposit account number: _____ (Attach duplicate copy of this page if paying by deposit account.)
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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.

Brewster Taylor		OCTOBER 25, 2004
Name of Person Signing	Signature	Date

Total number of pages including cover sheet, attachments, and document: 1

Mail documents to be recorded with required cover sheet information to:
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