

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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|-----------------------|----------------|----------------|-----------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | CHANGE OF NAME | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| MP Biomedicals, Inc. | | 12/18/2003 | CORPORATION: DELAWARE |

| | |
|----------------------|-------------------------------------|
| RECEIVING PARTY DATA | |
| Name: | MP Biomedicals, LLC |
| Street Address: | 15 Morgan |
| City: | Irvine |
| State/Country: | CALIFORNIA |
| Postal Code: | 92618 |
| Entity Type: | Limited Liability Company: DELAWARE |

PROPERTY NUMBERS Total: 10

| Property Type | Number | Word Mark |
|----------------|----------|------------------|
| Serial Number: | 72307930 | AUTO-POW |
| Serial Number: | 72383660 | CULTURED PLUMBER |
| Serial Number: | 73067562 | LINBRO |
| Serial Number: | 73350297 | 7X-O-MATIC |
| Serial Number: | 73524283 | ENVIROFLOW |
| Serial Number: | 73531387 | GELAIRE |
| Serial Number: | 75359149 | 7X |
| Serial Number: | 75362473 | DEKASOL |
| Serial Number: | 75462529 | BIOTRANS |
| Serial Number: | 75470439 | ISO-SHIELD |

| | |
|--|---------------|
| CORRESPONDENCE DATA | |
| Fax Number: | (714)546-9035 |
| <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> | |
| Phone: | 714-641-5100 |

CH \$265.00 72307930

Email: sbarricella@rutan.com
Correspondent Name: Susan Barricella
Address Line 1: 611 Anton Blvd., 14th Floor
Address Line 4: Costa Mesa, CALIFORNIA 92626

| | |
|--------------------|--------------------|
| NAME OF SUBMITTER: | Susan Barricella |
| Signature: | /Susan Barricella/ |
| Date: | 02/17/2005 |

Total Attachments: 5

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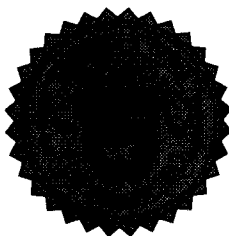
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "MP BIOMEDICALS, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "MP BIOMEDICALS, INC." TO "MP BIOMEDICALS, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF DECEMBER, A.D. 2003, AT 3:11 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3671595 8100V

AUTHENTICATION: 2828780

030822998

DATE: 12-22-03

TRADEMARK

REEL: 003032 FRAME: 0021

CERTIFICATE OF CONVERSION

OF

**MP BIOMEDICALS, INC.
(A DELAWARE CORPORATION)**

Under Section 266(b)
of the
Delaware General Corporation Law

THE UNDERSIGNED, Milan Panic, as an authorized officer of MP Biomedicals, Inc., a Delaware corporation, hereby certifies that:

- 1. The name of the corporation that shall be converted into a limited liability company is MP Biomedicals, Inc., a Delaware corporation (the "Corporation").**
- 2. The Corporation filed its original certificate of incorporation with the Secretary of State on June 18, 2003.**
- 3. The Corporation shall be converted into MP Biomedicals, LLC, a Delaware limited liability company (the "LLC").**
- 4. The conversion of the Corporation into the LLC has been approved in accordance with Section 266 of the Delaware General Corporation Law.**

* * *

[Signature Page Follows]

This certificate is hereby executed on the 18th day of December, 2003.

MP BIOMEDICALS, INC.

By: 



Name: Milan Panic

Title: President

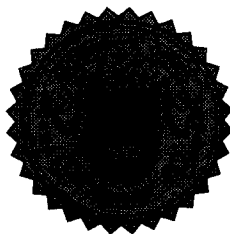
[Signature Page to Delaware Certificate of Conversion]

Delaware

PAGE 2

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MP BIOMEDICALS, LLC" FILED IN THIS OFFICE ON THE NINETEENTH DAY OF DECEMBER, A.D. 2003, AT 3:11 O'CLOCK P.M.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3671595 8100V

AUTHENTICATION: 2828780

030822998

DATE TRADEMARK

REEL: 003032 FRAME: 0024

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

- **First:** The name of the limited liability company is MP Biomedicals, LLC
- **Second:** The address of its registered office in the State of Delaware is _____
2711 Centerville Road, Suite 400 in the City of Wilmington
The name of its Registered agent at such address is _____
Corporation Service Company
- **Third:** (Use this paragraph only if the company is to have a specific effective date of dissolution.) "The latest date on which the limited liability company is to dissolve is _____."
- **Fourth:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation of
MP Biomedicals, LLC this 18th day of December, 20 03

BY:  
Authorized Person(s)

NAME: Aleksandra Jelic Novakovic
Type or Print