

Form PTO-1594
1-31-92

U.S. Department of Commerce
Patent and Trademark Office

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

Our Ref.: 35-219

Mail Stop Assignment Recordation Services

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

To the Commissioner for Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Artus - Gesellschaft fur molekularbiologische Diagnostik und Entwicklung mbH

Individual(s) Association
 General partnership Limited Partnership
 Corporation- Germany
 Other: _____

2. Name and address of receiving party(ies):
Name: Qiagen Hamburg GmbH

Internal Address: _____
 Street Address: Nobistor 29
 City: 22767 Hamburg
 State/Country: Fed Rep Germany
 Zip: _____

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

3. Nature of conveyance:

Assignment Merger
 Security Assignment Change of Name
 Other: _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

Execution Date: December 1, 2005

Designations must be a separate document from Assignment
 Additional name/s & address/es attached Yes No

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

If this document is being filed together with a new application, the execution date of the application is: _____

A. Trademark Application No.(s)
 (1) _____
 (2) _____
 (3) _____

B. Trademark Registration No.(s)
 (1) 3,022,357
 (2) _____
 (3) _____

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: Donna J. Bunton
 Internal Address: _____
 Street Address: Nixon & Vanderhye P.C.
901 North Glebe Road
11th Floor
 City Arlington State: VA Zip: 22203

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41)(8521; \$40) (8522; \$25)\$ 40.00
 Enclosed
 Authorized to be charged to deposit account #14-1140

8. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our **Account No. 14-1140.**

DO NOT USE THIS SPACE

9. Statements 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.

Donna J. Bunton Signature January 16, 2007
 Name of Person Signing Signature Date

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

CH \$40.00 141140 3022357

DJB:ew

