

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Fictitious Business Name		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Axygen, Inc.	FORMERLY Axygen Scientific, Inc.	07/21/2010	CORPORATION: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Axygen, Inc. dba Axygen Scientific, Inc.		
Street Address:	33210 Central Avenue		
City:	Union City		
State/Country:	CALIFORNIA		
Postal Code:	94587		
Entity Type:	CORPORATION: CALIFORNIA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3588066	AXYPET	
Registration Number:	3132336	MAXYMUM RECOVERY	
Registration Number:	3481863	PLATEMAX	
CORRESPONDENCE DATA			
Fax Number:	6079742368		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	607.974.3076		
Email:	burkepr@coming.com		
Correspondent Name:	Paul R. Burke		
Address Line 1:	One Riverfront Plaza		
Address Line 2:	SP-TI-3-1		
Address Line 4:	Coming, NEW YORK 14831		
ATTORNEY DOCKET NUMBER:	F10860, F10859, F10861		

CH \$90.00 3588066

NAME OF SUBMITTER:	Paul R. Burke
Signature:	/Paul R. Burke/
Date:	04/24/2012
Total Attachments: 1 source=2010 Fictitious Business Name Statement#page1.tif	

PATRICK O'CONNELL, Alameda County Clerk-Recorder
1100 Madison Street, First Floor
Oakland, CA 94607 Telephone (510) 272-6362

ENDORSED
FILED
ALAMEDA COUNTY

AUG 8 1 2010

FICTITIOUS BUSINESS NAME STATEMENT PATRICK O'CONNELL, County Clerk
USE BLACK OR DARK BLUE INK ONLY *Pat*

FILING FEE:

Please call (510) 272-6362 for current filing fees or visit our website at www.acgov.org.

FILE NUMBER: 442377
DO NOT WRITE ABOVE THIS LINE

PLEASE READ INSTRUCTIONS ON BACK OF THIS FORM - TYPE OR PRINT LEGIBLY

A FICTITIOUS BUSINESS NAME(S) Axygen Scientific Inc.

B Street Address of Principal Place of Business (P.O. Box not acceptable) ** City County State Zip
33210 Central Avenue Union City Alameda CA 94587
 Mailing Address (Optional) City County State Zip
Same as above

C

<p>① Show full name of 1st Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.)*** <u>Axygen, Inc.</u> Residence Street Address (P.O. Box not acceptable) <u>33210 Central Avenue</u> City State Zip <u>Union City CA 94587</u> (if a corporation or LLC, show state where registered.) <u>California</u></p>	<p>② Show full name of 2nd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.)*** Residence Street Address (P.O. Box not acceptable) City State Zip If a corporation or LLC, show state where registered.</p>
<p>③ Show full name of 3rd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.)*** Residence Street Address (P.O. Box not acceptable) City State Zip If a corporation or LLC, show state where registered.</p>	<p>④ Show full name of 4th Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.)*** Residence Street Address (P.O. Box not acceptable) City State Zip If a corporation or LLC, show state where registered.</p>

D BUSINESS CONDUCTED BY: ***
 an Individual Husband and wife State or local registered domestic partners Co-partners
 a Joint venture a General partnership a Limited liability partnership a Trust
 a Corporation a Limited partnership a Limited liability company
 an Unincorporated association other than a partnership
 (Check only 1 box)

E The registrant began to transact business under the fictitious business name(s) listed above on 6/15/93 ***
 (Write "N/A" on the line above if you have not yet begun transacting business using the fictitious business name.) (date)

I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT. (A REGISTRANT WHO DECLARES AS TRUE INFORMATION WHICH HE OR SHE KNOWS TO BE FALSE IS GUILTY OF A CRIME.)
 NOTICE: IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 17920(A), THE FICTITIOUS NAME STATEMENT EXPIRES 5 YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK EXCEPT, AS PROVIDED IN SUBDIVISION (B) OF SECTION 17920, WHEN IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS AS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION.
 The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (see Section 14411 et seq. Business and Professions Code).

SIGNATURE OF REGISTRANT Hemant K. Gupta
Hemant Gupta, President and Chief Executive Officer
 PRINT NAME AND TITLE OF PERSON SIGNING, EXCEPT INDIVIDUAL

THIS STATEMENT WAS FILED WITH THE COUNTY CLERK-RECORDER OF ALAMEDA COUNTY ON THE DATE INDICATED BY THE FILE STAMP ABOVE.

White -- Stark's Copy