

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

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): Board of Trustees of the Leland Stanford Junior University
Individual(s) Association
General Partnership Limited Partnership
Corporation-State
Other: California Non-Profit Body Having Corporate Powers
Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: Lucile Packard Children's Hospital at Stanford
Internal Address:
725 Welch Road
Street Address: 725 Welch Road
City: Palo Alto State: CA Zip: 94304
Individual(s) citizenship
Association
General Partnership
Limited Partnership
Corporation-State
Other California non-profit coporation
If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)
Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:
Assignment Merger
Security Agreement Change of Name
Other
Execution Date: August 29, 2003

Other California non-profit coporation
If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)
Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):
A. Trademark Application No.(s)
Additional number(s) attached Yes No

B. Trademark Registration No.(s)
2601667, 2625555, 2625556, 2601666

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Laura C. Gustafson
Internal Address:
Calendar/Docketing Department
Pillsbury Winthrop
Street Address: 50 Fremont Street
City: San Francisco State: CA Zip: 94105-2228

6. Total number of applications and registrations involved: 4
7. Total fee (37 CFR 3.41): \$115.00
Enclosed
Authorized to be charged to deposit account
8. Deposit account number: 502214
(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. LAURA C. GUSTAFSON Signature 9-12-03 Date
Total number of pages including cover sheet, attachments, and document:

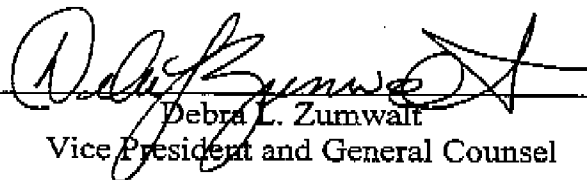
CH \$115.00 502214 2601667

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the **Board of Trustees of the Leland Stanford Junior University, a nonprofit body having corporate powers ("Assignor")**, hereby conveys, transfers and assigns to **Lucile Packard Children's Hospital at Stanford, a California nonprofit corporation ("Assignee")**, effective as of the date below, all right, title and interest in and to the name and marks LUCILE SALTER PACKARD CHILDREN'S HOSPITAL (Registration Nos. 2601667, 2625555, 2625556 and 2601666) and the goodwill of the business connected with the use of, and symbolized by, the same, together with all rights of action accrued, accruing and to accrue under and by virtue hereof, including the right to sue or otherwise recover for past infringement and receive all damages, payments, costs and fees associated therewith.

Dated: August 29, 2003

Board of Trustees of the Leland Stanford
Junior University

By: 
Debra L. Zumwalt
Vice President and General Counsel

Date: August 29, 2003



PILLSBURY WINTHROP LLP

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<p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p>Other</p> <p>Execution Date: August 29, 2003</p>	<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s)</p> <p>B. Trademark Registration No.(s) 2601667, 2625555, 2625556, 2601666</p> <p style="text-align: right;">Additional number(s) 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:</p> <p>Name: Laura C. Gustafson</p> <p>Internal Address:</p> <p>Calendar/Docketing Department</p> <p>Pillsbury Winthrop</p> <p>Street Address: 50 Fremont Street</p> <p>City: San Francisco State: CA Zip: 94105-2228</p>	<p>6. Total number of applications and registrations involved: 4</p> <p>7. Total fee (37 CFR 3.41).....\$115.00</p> <p><input type="checkbox"/> Enclosed</p> <p><input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <hr/> <p>8. Deposit account number:</p> <p style="text-align: center;">502214</p> <p>(Attach duplicate copy of this page if paying by deposit account)</p>

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LAURA C. GUSTAFSON  9-12-03
Name of Person Signing Signature Date

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