



01-29-2004



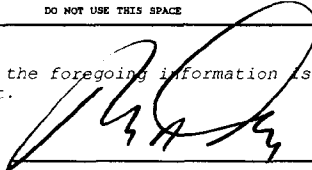
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IEET

Our Docket No.: 12500CIP

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

1-23-04

<p>1. Name of conveying party(ies): Histaggen Incorporated</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Individual Name: and/or Company Name: HOLBURN PATHOLOGY PRODUCTS LIMITED Street Address: 200 Baseline Road East City: Bowmanville, Ontario State: Canada Zip: L1C 1A2 Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>12/11/2003</u></p>	<p>4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____</p> <p>Title: _____</p> <p>A. Patent Application No.(s) _____ B. Patent No.(s) 5,965,454 Inventor-Farmilo Issued: 10/12/99</p> <p>Additional numbers 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: Name: Ralph A. Dowell Internal Address: _____ Street Address: Suite 309, 1215 Jefferson Davis Highway Arlington, VA 22202-3124 (703) 415-2555</p>	<p>6. Total number of applications and patents involved: <u>1</u></p> <p>7. Total fee (37CFR 3.41).....\$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: _____ <small>(Attach duplicate copy of this page if paying by deposit account)</small></p>
DO NOT USE THIS SPACE	
<p>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.</p> <p>Ralph A. Dowell 26,868  <u>1/23/04</u></p> <p>Name of Person signing _____ Signature _____ Date _____</p> <p>Total number of pages including cover sheet, attachments and documents: <u>3</u></p>	

Mail documents to be recorded with required cover sheet information to:
Commission of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

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- 6. The amendment has been duly authorized as required by sections 168 and 170 (as applicable) of the *Business Corporations Act*.
La modification a été dûment autorisée conformément aux articles 168 et 170 (selon le cas) de la Loi sur les sociétés par actions.
- 7. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on
Les actionnaires ou les administrateurs (selon le cas) de la société ont approuvé la résolution autorisant la modification le

2003-Dec-11

(Year, Month, Day)
(année, mois, jour)

These articles are signed in duplicate.
Les présents statuts sont signés en double exemplaire.

Histaggen Incorporated

(Name of Corporation) (If the name is to be changed by these articles set out current name)
(Dénomination sociale de la société) (Si l'on demande un changement de nom, indiquer ci-dessus la dénomination sociale actuelle).

By/
Par :



(Signature)
(Signature)

President

(Description of Office)
(Fonction)