

Form PTO-1595 (Rev. 09/04)
OMB No. 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):
 Expression Diagnostics, Inc.

Execution Date(s): June 19, 2002

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)

Name: EXPRESSION DIAGNOSTICS, INC.
dba XDx, Inc.

Internal Address: _____

Street Address: 384 Oyster Point boulevard, #6

City: South San Francisco

State: California

Country: U.S.A Zip: 94080

Additional name(s) & address(es) attached? Yes No

3. Nature of Conveyance:

Assignment Merger

Security Agreement Change of Name

Government Interest Assignment

Executive Order 9424, Confirmatory License

Other _____

4. Application or patent number(s): This document is being filed together with a new application.

A. Patent Application No.(s)
10/512,028

B. Patent No.(s)

Additional numbers attached? Yes No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Michael R. Ward
MORRISON & FOERSTER LLP

Internal Address: Atty. Dkt.: 506612000103

Street Address: 425 Market Street

City: San Francisco

State: CA Zip: 94105-2482

Phone Number: (415) 268-6237

Fax Number: (415) 268-7522

Email Address: Mward@mofo.com

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

Authorized to be charged by credit card

Authorized to be charged to deposit account

Enclosed

None required (government interest not affecting title)

6. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 03-1952
Authorized User Name Michael R. Ward

9. Signature:

Michael R. Ward 6/06/05
Signature Date

Michael R. Ward - 38,651
Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 3

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(408) 257-4885

p. 3

WARREN SLOCUM, Assessor-County Clerk-Recorder
Attn: Special Services
555 County Center, 1st Floor
Redwood City, California 94063-1665

REMINDER

- 1. Submit Original and 3 copies.
- 2. Filing fee \$25.00 for 1st Business Name and Registrant, \$5.00 for each additional Business Name, and Partner.
- 3. Provide Return Envelope, if mailed.

PLEASE PRINT OR TYPE

SEE REVERSE SIDE FOR INSTRUCTIONS

FICTITIOUS BUSINESS NAME STATEMENT (FILE No. 182972)

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

* XDx, Inc.
(Type/Print Fictitious Business Name(s) on Line Above)

USE SEPARATE SHEET OF PAPER FOR ADDITIONAL BUSINESS NAMES

** LOCATED AT: 384 Oyster Point Boulevard, #6
(Street Address of Business - If No Street Address Assigned - Give Exact Location of Business Plus P.O. Box or Rural Route)

IN: So. San Francisco, CA 94080
(City and Zip)

IS [ARE] HEREBY REGISTERED BY THE FOLLOWING OWNER(S):

** * (#1) BIOCARDIA, INC. (#2)
(Full Name - Type/Print) (Full Name - Type/Print)

DELAWARE
(Residence Address or state of Incorporation if Incorporated)

(City and Zip) (City and Zip)

(#3) (#4)
(Full Name - Type/Print) (Full Name - Type/Print)

(Residence Address or state of Incorporation if Incorporated) (Residence Address or state of Incorporation if Incorporated)

(City and Zip) (City and Zip)

(If More Than 4 Registrants - Attach Additional Sheet Showing Owner Information)

- ***** This business is conducted by: an Individual Individuals - Husband and Wife a General Partnership Co-Partners
 a Limited Partnership a Corporation a Business Trust a Joint Venture Limited Liability Company
 an Unincorporated Association - other than a Partnership Other (Specify)

***** The registrant commenced to transact business under the fictitious business name or names listed above on

SIGNATURE OF REGISTRANT: 

Peter A. Altman, President
(Print name of person signing and, if a Corporate Officer, also state title)

THIS STATEMENT WAS FILED WITH WARREN SLOCUM, ASSESSOR-COUNTY CLERK-RECORDER, SAN MATEO COUNTY ON DATE INDICATED BY FILE STAMP ABOVE

A FICTITIOUS BUSINESS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK.

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 14400 ET SEQ., BUSINESS AND PROFESSIONS CODE).

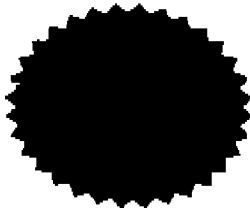
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "BIOCARDIA, INC.", CHANGING ITS NAME FROM "BIOCARDIA, INC." TO "EXPRESSION DIAGNOSTICS, INC.", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF JUNE, A.D. 2002, AT 9 O'CLOCK A.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

2982485 8100

AUTHENTICATION: 1838712

020391148

DATE: 06-19-02

RECORDED: 06/06/2005

PATENT
REEL: 016306 FRAME: 0644