

Form PTO-1595 (Rev. 08/05)
OMB No. 0651-0027 (exp. 6/30/2008)

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

<p>1. Name of conveying party(ies) DakoCytomation Colorado, Inc.</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Nature of conveyance/Execution Date(s): Execution Date(s) <u>11/01/2005</u></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"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____</p>	<p>2. Name and address of receiving party(ies) Name: <u>Dako Colorado, Inc.</u> Internal Address: _____ _____ Street Address: <u>4850 Innovation Drive</u> _____ City: <u>Fort Collins</u> State: <u>CO</u> Country: <u>US</u> Zip: <u>80525</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application.</p> <p>A. Patent Application No.(s) <u>See attached list</u></p> <p>B. Patent No.(s) <u>See attached list</u></p> <p>Additional numbers attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Nicole A. Ressue</u> Internal Address: <u>Santangelo Law Offices, P.C.</u> _____ Street Address: <u>125 South Howes Third Floor</u> _____ City: <u>Fort Collins</u> State: <u>CO</u> Zip: <u>80521</u> Phone Number: <u>(970) 224-3100</u> Fax Number: <u>(970) 224-3175</u> Email Address: _____</p>
<p>6. Total number of applications and patents involved: <u>5</u></p> <p>7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>200.00</u></p> <p><input checked="" type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)</p>	<p>8. Payment Information</p> <p>a. Credit Card Last 4 Numbers <u>4327</u> Expiration Date <u>07/2006</u></p> <p>b. Deposit Account Number _____ Authorized User Name _____</p>
<p>9. Signature: <u>Nicole A. Ressue</u> Signature <u>January 17, 2006</u> Date</p> <p>Nicole A. Ressue, USPTO Reg. No. 48,665 Total number of pages including cover sheet, attachments, and documents: <input type="text" value="8"/></p> <p style="text-align: center;">Name of Person Signing</p>	

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IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE

Application Numbers: 10/450,931; 10/111,026; 10/296,358
Patent Numbers: 6,248,590; 6,598,792
Assignee: Dako Colorado, Inc.
Customer No. 33549

**Recordation Cover Sheet
#4, Continued**

Application Numbers:

10/450,931	filed 06/16/2003	Conduct USNP
10/111,026	filed 04/18/2002	CytoDSP-USNP
10/296,358	filed 02/07/2003	CytoMushUSNP

Patent Numbers:

6,248,590	issued 6/19/2001	AutoSort'733
6,589,792	issued 07/08/2003	AutoSort-USNP



Colorado Secretary of State
 Date and Time: 11/01/2005 11:44 AM
 Entity Id: 19871770592
 Document number: 20051407281

Document processing fee
 If document is filed on paper \$125.00
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Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-110-106 of the Colorado Revised Statutes (C.R.S.)

ID number: 19871770592

1. Entity name:

DAKOCYTOTATION COLORADO, INC.

(If changing the name of the corporation, indicate name BEFORE the name change)

2. New Entity name:
 (if applicable)

Dako Colorado, Inc.

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

- "bank" or "trust" or any derivative thereof
- "credit union" "savings and loan"
- "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the amendment provides for an exchange, reclassification or cancellation of issued shares, the attachment states the provisions for implementing the amendment.

6. If the corporation's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

_____ *(mm/dd/yyyy)*

OR

If the corporation's period of duration as amended is perpetual, mark this box:

7. (Optional) Delayed effective date:

_____ *(mm/dd/yyyy)*

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