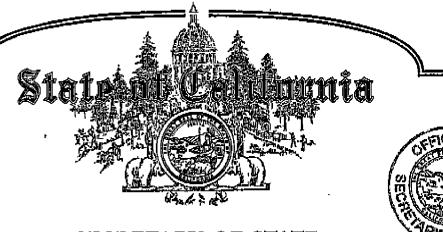
## Attorney Docket No. PP001238.0104 2300-1238.10

		rm Cover Sheet 's Only)	U.S. Department of Commerce Patent and Trademark Office
To the Honorable Asst. Commissioner for Patents. Please record the attached original documents or copy thereof			
Name of conveying party(ies):		Name and address of receiving party(les)	
Children's Hospital Medical Center of Northern California		Children's Hospital & Research Center at Oakland 747 Fifty Second Street Oakland, California 94609-1809	
Additional name(s) of conveying parties attached?			
☐ Yes      No.		Additional names and ad-	dresses attached?
3. Nature of conveyance:		☐ Yes	⊠ No
☐ Assignment ☐ Mer	ger	_	
☐ Security Agreement ☐ Cha	ange of Name		
☐ Other:			
Execution Dates: November 19, 2001			
4. Application Number(s) or Patent Numbers.			
If this document is being filed together with a new application, the execution date of the application is:			
A. Patent Application No(s): B. Patent No(s): 6,642,354			
Additional numbers attached?			
<ol><li>Name and address of party to whom correspondering document should be mailed:</li></ol>	pondence	6. Total number of application	ons and patents involved 1
Name:		7. Total fee (37 CFR 3.41):	\$40.00
Novartis Vaccines and Diagnostics, Inc. Intellectual Property – R440 P.O. Box 8097		☐ Enclosed	arge Fees to Deposit Account
		☐ Charge any additional fees associated with this paper or	
Emeryville, CA 94662-8097		during the pendency of this application, or credit any overpayment, to deposit account.	
		8 Deposit account number:	· · · · · · · · · · · · · · · · · · ·
DO NOT USE THIS SPACE			
9. Statement and signature.			
To the best of my knowledge and belief, the foregoing is true and correct and any attached copy is a true of copy of the			
original document.			
		,	2/2/10
Roberta L. Robins Name of Person Signing Signing	gneture		
Atty Reg. No. 33,208 Total number of pages including cover sheet, attachments and document 3			
10. Change Correspondence Address to that of Part 5?   Yes   No			
OMB No. 0651-0011 (exp. 4/94)			
Do not detach this portion  Mail documents to be recorded with required cover to:  Asst. Commissioner for Patents			
Box: Assignments Washington, D.C. 20231			

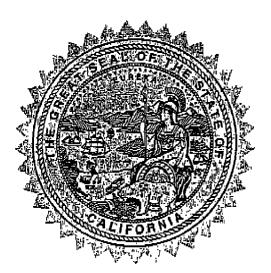
PATENT REEL: 019714 FRAME: 0280



## SECRETARY OF STATE

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of  $\rightarrow$  page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

NOV 1 0 2001

Secretary of State

Sec/State Form OE-107 (rev. 9/98)

OSP 01 55358

#021200a

ENDORSED - FILED in the office of the Sucretary of State of the State of California

NOV 3 0 2001

BILL JONES, Secretary of State

## CERTIFICATE OF AMENDMENT OF RESTATED ARTICLES OF INCORPORATION

OF

## CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA

The undersigned certify that

- 1. They are the President and Secretary, respectively, of Children's Hospital Medical Center of Northern California, a California corporation (the "Corporation").
- 2. Article I of the Restated Articles of Incorporation of the Corporation is amended to read as follows:

" I.

The name of this corporation is CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND".

- 3. The foregoing amendment of Restated Articles of Incorporation has been duly approved by the board of directors.
- 4. The foregoing amendment of Restated Articles of Incorporation has been duly approved by the required vote of the members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: November 19, 2001

Antonie H. Paap, President

Adela Lang, Secretary

REEL: 019714 FRAME: 0282

**RECORDED: 08/17/2007**