

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
ALPHASNIFFER, LLC	05/13/2008
RECEIVING PARTY DATA	
Name:	BIOPTIX, LLC
Street Address:	1745 38th Street, Suite A
City:	Boulder
State/Country:	COLORADO
Postal Code:	80301
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11735900
CORRESPONDENCE DATA	
Fax Number:	6504936811
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	6504939300
Email:	mpham@wsgr.com
Correspondent Name:	Wilson Sonsini Goodrich & Rosati
Address Line 1:	650 Page Mill Road
Address Line 4:	Palo Alto, CALIFORNIA 94304
ATTORNEY DOCKET NUMBER:	32924-701.501
NAME OF SUBMITTER:	Mai Pham
Total Attachments: 2 source=32924-701.501 Alphasniffer to Bioptix LLC#page1.tif source=32924-701.501 Alphasniffer to Bioptix LLC#page2.tif	

CH \$40.00 11735900



Colorado Secretary of State
 Date and Time: 05/13/2008 05:29 PM
 Id Number: 20031218050
 Document number: 20081264137

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Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number: 20031218050

1. Entity name: ALPHASNIFFER, LLC
(If changing the name of the limited liability company, indicate name BEFORE the name change)

2. New Entity name: Bioptix, LLC
 (if applicable)

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 limited liability company'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 limited liability company's period of duration as amended is perpetual, mark this box:

6. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

<u>Myers</u>	<u>Patricia</u>		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
<u>Cooley Godward Kronish LLP</u>			
<i>(Street name and number or Post Office Box information)</i>			
<u>380 Interlocken Crescent, Suite 900</u>			
<u>Broomfield</u>	<u>CO</u>	<u>80021</u>	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
	<u>United States</u>		
<i>(Province – if applicable)</i>	<i>(Country – if not US)</i>		

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