



State of California
Secretary of State
Bill Jones

LIMITED PARTNERSHIP
CERTIFICATE OF CANCELLATION

IMPORTANT-- Read instructions before completing this form.

FILED
In the Office of the Secretary of State
of the State of California

DEC 17 2002

Bill Jones
BILL JONES, Secretary of State

THIS CERTIFICATE OF CANCELLATION (LP-4/7) MUST BE FILED IN ORDER TO
CANCEL YOUR CERTIFICATE OR REGISTRATION OF LIMITED PARTNERSHIP AND
YOUR LIABILITY FOR ANY TAX AS A LIMITED PARTNERSHIP.

This Space For Filing Use Only

- | | |
|---|--|
| 1. SECRETARY OF STATE FILE NUMBER
200207000028 | 2. NAME OF LIMITED PARTNERSHIP
Versant Affiliates Fund II-B, L.P. |
|---|--|
3. THE LIMITED PARTNERSHIP HEREBY CANCELS ITS: (CHECK ONE)
- ☐ CERTIFICATE OF LIMITED PARTNERSHIP (LP-1) PURSUANT TO SUBDIVISION (B)(1) OF SECTION 15623 OF THE CALIFORNIA CORPORATIONS CODE.
- ☒ REGISTRATION OF FOREIGN LIMITED PARTNERSHIP (LP-5) PURSUANT TO SECTION 15696 OF THE CALIFORNIA CORPORATIONS CODE.

4. OTHER INFORMATION THE PARTNERS FILING THE CERTIFICATE OF CANCELLATION DETERMINE TO INCLUDE, IF ANY: (ATTACH ADDITIONAL PAGES, IF NECESSARY)

5. NUMBER OF PAGES ATTACHED, (IF ANY)

6. I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS DOCUMENT ARE TRUE AND CORRECT TO MY OWN KNOWLEDGE. I DECLARE THAT I AM THE PERSON WHO IS EXECUTING THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE _____ POSITION OR TITLE _____

PRINT NAME _____ DATE _____

SIGNATURE _____ POSITION OR TITLE _____

PRINT NAME _____ DATE _____

Samuel D. Colella
SIGNATURE _____ POSITION OR TITLE _____
Samuel D. Colella, Managing Director
of Versant Ventures II, LLC, the
General Partner

PRINT NAME _____ 12/13/2002 _____ DATE

SIGNATURE _____ POSITION OR TITLE _____

PRINT NAME _____ DATE _____