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| Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇨ ⇨ ⇨ | RECORDATION FORM COVER SHEET TRADEMARKS ONLY | U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office |
| To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. | | |
| 1. Name of conveying party(ies): Amersham Health AS <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input checked="" type="checkbox"/> Other <u>Norway corporation</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Name and address of receiving party(ies) Name: <u>Nycomed Pharma AS</u> Internal Address: _____ Street Address: <u>Drammensveien 852</u> City: <u>Asker, NORWAY</u> State: _____ Zip: <u>1372</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input checked="" type="checkbox"/> Other <u>Norway corporation</u> <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)</small> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>May 13, 2003</u> | 4. Application number(s) or registration number(s): A. Trademark Application No. (s) _____ B. Trademark Registration No. (s) <u>2124835</u> <u>1546929</u> Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>BACON & THOMAS, PLLC</u> Internal Address: _____ Street Address: <u>625 Slaters Lane, Fourth Floor</u> City: <u>Alexandria</u> State: <u>VA</u> Zip: <u>22314</u> | 6. Total number of applications and registrations involved: 2 7. Total fee (37 CFR 3.41):\$ <u>65.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>02-0200</u> | |
| DO NOT USE THIS SPACE | | |
| 9. Signature. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <u>Thomas J. Moore</u> Name of Person Signing </div> <div style="width: 30%; text-align: center;">  Signature </div> <div style="width: 30%; text-align: right;"> <u>August 21, 2003</u> Date </div> </div> <div style="text-align: center; margin-top: 5px;"> Total number of pages including cover sheet, attachments, and document: 3 </div> | | |

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U.S. TRADEMARK ASSIGNMENT

This Assignment is made between the following parties:

Assignor: **AMERSHAM HEALTH AS (formerly NYCOMED IMAGING AS)**, a company organised and existing under the laws of Norway located at Nycoveien 2, 0485 Oslo 4, Norway

Assignee: **NYCOMED PHARMA AS**, a company organised and existing under the laws of Norway located at Drammensveien 852, 1372 Asker, Norway

WHEREAS, Assignor is the owner of certain Intellectual Property described below, and Assignee is desirous of acquiring the same;

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, Assignor does hereby sell, assign and transfer to Assignee all right, title and interest in and to the Trademark Registrations listed below, and the goodwill residing in and symbolised by the Trade Marks (referred to as the "Intellectual Property"), including the right to recover damages for past infringement, if any;

| U.S. Registration No. | Date of Registration | Mark |
|-----------------------|----------------------|---------|
| 1546929 | 11 July 1989 | NYCOMED |
| 2124835 | 30 December 1997 | NYCOMED |

Assignor further agrees to identify and communicate to Assignee, at Assignee's request, such documents and information concerning the Intellectual Property that are within the possession or control of Assignor, and to provide further assurances and testimony on behalf of Assignee that may lawfully be required of Assignee in respect to maintaining the rights in the Intellectual Property, all without further consideration.

IN WITNESS WHEREOF, this Assignment has been executed below:

Assignor: This Bth of MAY, 2003

Assignee: This 27 day of June, 2003

AMERSHAM HEALTH AS

NYCOMED PHARMA AS

By: [Signature]

By: [Signature]

Name: _____

Name: Kathrine Kjendlie

Title: _____

Title: Head of Trademark Department

JACOB FROST
Legal Executive
Head of Trademarks

GROUP LEGAL SERVICES