

1-31-92

# RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. Department of Commerce  
Patent and Trademark Office

Our Ref.: FPP-551-235

**Mail Stop Assignment Recordation Services**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

571-273-0140

To the Commissioner for Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):  
Axcan Scandipharm Inc.

Individual(s)                       Association  
 General partnership               Limited Partnership  
 Corporation-State: Delaware  
 Other: \_\_\_\_\_

2. Name and address of receiving party(ies):  
Name: Axcan Pharma US, Inc.  
Internal Address: \_\_\_\_\_  
Street Address: 22 Inverness Center Parkway

City: Birmingham  
State/Country: Alabama  
Zip: 35242

Individual(s) citizenship  
 Association  
 General Partnership  
 Limited Partnership  
 Corporation-State Delaware  
 Other \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No

Designations must be a separate document from Assignment)  
Additional name/s & address/es attached  Yes  No

3. Nature of conveyance:

Assignment                               Merger  
 Security Assignment                   Change of Name  
 Other: \_\_\_\_\_

Execution Date: February 11, 2008

4. Application number(s) or registration number(s):  
If this document is being filed together with a new application, the execution date of the application is:  
A. Trademark Application No.(s)  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

B. Trademark Registration No.(s)  
(1) 1794089                              (4) 1854418  
(2) 2214800  
(3) 2532206

Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
Name: Frank P. Presta  
Internal Address: \_\_\_\_\_  
Street Address: Nixon & Vanderhye P.C.  
901 North Glebe Road  
11th Floor  
City Arlington State: VA Zip: 22203

6. Total number of applications and registrations involved: 4


7. Total fee (37 CFR 3.41)(8521; \$40) (8522; \$25)\$ 115.00  
 Enclosed  
 Authorized to be charged to deposit account #14-1140

8. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.

**DO NOT USE THIS SPACE**

9. Statements and signature.  
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Frank P. Presta  
Name of Person Signing

  
Signature

February 12, 2008  
Date

Total number of pages including cover sheet, attachments and document: \_\_\_\_\_

CH \$115.00 141140 1794089

**NO ADDITIONAL DOCUMENTS  
REQUIRED FOR CHANGE OF NAME**