

Form PTO-1594
1-31-92

U.S. Department of Commerce
Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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)
- General partnership
- Corporation-State: Delaware
- Other: _____
- Association
- Limited Partnership

3. Nature of conveyance:

- Assignment
- Security Assignment
- Other: _____
- Merger
- Change of Name

Execution Date: February 11, 2008

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

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) 1765728
- (2) 1764007
- (3)

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 & Vanderhve P.C.

901 North Glebe Road

11th Floor

City Arlington State: VA Zip: 22203

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 3.41)(8521; \$40) (8522; \$25)\$ 65.00

- 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 14, 2008

Date

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

CH \$65.00 141140 1765728

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