73392507
\$65.00
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	U.S. DEPARTMENT OF
FORM PTO-1594 COMMERCE	Deliver and Trade apply Office
Rev. 07/05) REC	CORDATION FORM COVER SHEET United States Patent and Trademark Office
DMB No. 0651-0027 (exp. 06/30/2008)	TRADEMARKS ONLY
To the Director of the U.S. Patent and Ti	rademark Office: Please record the attached documents of the new address(es) below.
1. Name of conveying party(ies):	2. Name and address of receiving party(ies): Additional name(s) of conveying parties attached? ☐Yes ☒ No
Silicon Valley Bank	Additional fiame(s) of conveying parties statistics.
3003 Tasman Drive Santa Clara, CA 95054	Name: PR Pharmaceuticals Inc.
	
	Internal Address
🛄 Individual(s) 🔲 Associati	ion '
☐ General Partnership ☐ Limited F	Partnership Street Address: 1716 Heath Parkway
Corporation-State Corporation-S	
☐ Other	City: FT Coilins
	State: CO
Additional name(s) of conveying parties attached	? ☐Yes ☒ No Country: USA
3. Nature of conveyance/ Execution Da	te(s): Zip: 80524
Evenution Data(a): Nevember 5, 2000	Association Cltizenship
Execution Date(s): November 5, 2008	General Partnership Citizenship
☐ Assignment ☐Merger	Limited Partnership Citizenship
	Corporation Citizenship:Canada
Security Agreement 🔲 Change o	of Name Other Citizenship
	If assignee is not domicited in the United States, a domestic representative designation is attached: Yes No
☑ Other : Release	(Designations must be a separate document from assignment)
4. Application number(s) or registration number	ber(s) and identification or description of the Trademark:
	B. Trademark Registration No.(s)
A. Trademark Application No.(s)	73392507
•	75517652
Identification or Description of Trademark(Registration Number is unknown):	s) (and Filing Date if Application or Additional sheets attached? Yes No
E. N	6. Total number of applications and
Name and address of party to whom correspondence	registrations involved: 2
concerning document should be maile	
Name: UCC Direct Services	1 = NO
	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$65.50
Internal Address: Attn: 14080632	IXI Authorized to be charged by credit card
A	Authorized to be charged to deposit account
Street Address: 187 Wolf Road, Suite 1	C1 Cholosed
City: Albany State: NY ZIP: 12	8. Payment Information:
	l l
Phone Number: 1-800-342-3676 X 4065	a. Credit Card Last 4 Numbers 5683
	Expiration Date 11/04
Fax Number: 1-800-962-7049	In Demonit Assessment Missanham
S 3 Address als udeathan Salators	b. Deposit Account Number skluwer.com Authorized User Name
Email Address: cls-udsatbany@wolters	Authorized Oper Hame
1	11/2/08
9. Signature.	ture Date
Signat	
Susan O'Brier	
Name of Pers	son Signing sheet, attachments, and document:
T.	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of PR Pharmaceuticals, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property And Security Agreement dated, <u>January 14, 2008</u>, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on <u>January 14, 2008</u> Reel 3695 Frame 0822.

Date: November 5, 2008

SILICON VALLEY BANK

By: Phonolous

Name: Romil Randhawa
Title: Operations Manager

RECORDED: 11/07/2008

TRADEMARK REEL: 003884 FRAME: 0630