-
7
Į
$\overline{}$
ш
0
LO
6
à
U7
Ω
Ю

FORM P10-1594	U.S. DEPARTMENT OF		
COMMERCE	COVER SHEET United States Patent and Trademark Office		
(Rev. 07/05) RECORDATION FORM OMB No. 0651-0027 (exp. 06/30/2008)	Office orders I deliver a massimilar		
TRADEMARKS ONLY			
To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below. 1. Name of conveying party(les): 2. Name and address of receiving party(les):			
Silicon Valley Bank 3003 Tasman Drive	Additional name(s) of conveying parties attached? ☐Yes ☒ No		
Santa Clara, CA 95054	Name: NMT Medical, inc.		
	internal Address:		
☐ Individual(s) ☐ Association	'		
☐ General Partnership ☐ Limited Partnership	Street Address: 27 Wormwood Street		
☑ Corporation-State: CA			
☐ Other	City: Boston State: MA		
Additional name(s) of conveying parties attached? ☐ Yes ☒ No	Country: USA		
3. Nature of conveyance/ Execution Date(s):	Zip: 02210		
Execution Date(s): December 15, 2010	Association Citizenship General Partnership Citizenship		
Assignment	Limited Partnership Citizenship Corporation Citizenship : United States, Delaware		
Security Agreement Change of Name	☐ Other Citizenship If assignee is not domiciled 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(s) and identific	ation or description of the Trademark:		
A, Trademark Application No.(s)	B. Trademark Registration No.(s)		
77411417 78621348	2133272 2443104		
10021340	2613300		
	3110125		
C. Identification or Description of Trademark(s) (and Filing Date Registration Number is unknown):	if Application or Additional sheets attached? ☐ Yes ☒ No		
5. Name and address of party to whom	6. Total number of applications and		
correspondence	registrations involved: 6		
concerning document should be mailed:			
Name: UCC Direct Services	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$ 165.00		
Internal Address: Attn: 14080632	Authorized to be charged by credit card Authorized to be charged to deposit account		
Street Address: 187 Wolf Road, Suite 101	☐ Enclosed		
City: Albany State: NY ZIP: 12205	8. Payment Information:		
Phone Number: 1-800-342-3676 X 4065	a. Credit Card Last 4 Numbers 568 3 Expiration Date 16/12		
Fax Number: 1-800-962-7049	b. Deposit Account Number		
Email Address: cls-udsatBany@wolterskluwer.com Authorized User Name			
9. Signature	12/16/10		
Signature			
Joseph D Borgma Name of Person Signing	Total number of pages including cover sheet, attachments, and document:		

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

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of NMT Medical, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, <u>06/26/2009</u>, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on <u>07/22/2009</u>, Reel <u>4029</u>, Frame <u>0561</u>.

Dated: December 15, 2010

SILICON VALLEY BANK

By: Name:

Margaret Fujii

Title:

Operations Manager

TRADEMARK REEL: 004453 FRAME: 0836

RECORDED: 12/16/2010