

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
PAUL ROYALTY FUND HOLDINGS II		05/12/2011	LIMITED PARTNERSHIP: NEW YORK
RECEIVING PARTY DATA			
Name:	PRISM PHARMACEUTICALS, INC.		
Street Address:	1016 WEST NINTH AVENUE		
Internal Address:	SUITE 130		
City:	KING OF PRUSSIA		
State/Country:	PENNSYLVANIA		
Postal Code:	19406		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3459378	PRISM PHARMACEUTICALS	
Registration Number:	3455282	PRISM PHARMACEUTICALS	
Registration Number:	3438253	NEXTERONE	
CORRESPONDENCE DATA			
Fax Number:	(847)948-3880		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	847/948-4922		
Email:	sheri_washington@baxter.com		
Correspondent Name:	Jeffrey C. Nichols		
Address Line 1:	One Baxter Parkway		
Address Line 2:	DF2-1E		
Address Line 4:	Deerfield, ILLINOIS 60015		
NAME OF SUBMITTER:	JEFFREY C NICHOLS		

CH \$90.00 3459378

900197519

**TRADEMARK
 REEL: 004587 FRAME: 0598**

Signature:	/JEFFREY C NICHOLS/
Date:	07/20/2011
Total Attachments: 2 source=Payoff Letter - Paul Capital - Lien Release 2008 - Project Floyd - Filed 12 May 2011_(18991766_4)#page1.tif source=Payoff Letter - Paul Capital - Lien Release 2009 - Project Floyd - Filed 12 May 2011_(18991773_4)#page1.tif	

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
 Tom Scott 212-408-5100

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Sarah Hutcheson
 CT Lien Solutions
 4400 Easton Commons Way
 Suite 125
 Columbus, Ohio 43219

DELAWARE DEPARTMENT OF STATE
 U.C.C. FILING SECTION
 FILED 03:05 PM 05/12/2011
 INITIAL FILING # 2008 1701224
 AMENDMENT # 2011 1800484
 SRV: 110536275

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
 2008 1701224 5/16/2008

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. **DELETE** name: Give record name to be deleted in item 6a or 6b. **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
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8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
 Cardiovascular Holdings LLC

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA
 File: DE, SOS [Prism Pharmaceuticals Inc][15145.035] SH 8144885 SO - 1 F#305879 A#449828

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
 Tom Scott 212-408-5100

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Sarah Hutcheson
 CT Lien Solutions
 4400 Easton Commons Way
 Suite 125
 Columbus, Ohio 43219

DELAWARE DEPARTMENT OF STATE
 U.C.C. FILING SECTION
 FILED 03:07 PM 05/12/2011
 INITIAL FILING # 2009 0324936
 AMENDMENT # 2011 1800500
 SRV: 110536311

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
 2009 0324936 1/30/2009

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

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CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. **DELETE** name: Give record name to be deleted in item 6a or 6b. **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. T IZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
 Cardiovascular Holdings LLC

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA
 File:DE,SOS [Prism Pharmaceuticals Inc][15145.035] SH 8144885 SO - 2 F#305880 A#449829

TRADEMARK