

Form PTO-1594 (Rev. 12-11)
OMB Collection 0651-0027 (exp. 04/30/2015)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET 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(ies):

Transamerica Business Credit Corporation

- Individual(s)
- Partnership
- Corporation- State: CA
- Other _____
- Association
- Limited Partnership

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance/Execution Date(s) :

Execution Date(s) _____

- Assignment
- Security Agreement
- Other Release of Security Agreement
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Rita Medical Systems, Inc.

Street Address: 46421 Landing Parkway

City: Fremont

State: CA

Country: US Zip: 94538

- Individual(s) Citizenship _____
- Association Citizenship _____
- Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship US
- Other _____ Citizenship _____

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)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) 75/202,020 Text

B. Trademark Registration No.(s) 2307710

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

RITA

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: AngioDynamics, Inc.

Internal Address: _____

Attn: Dawn Biddiscombe

Street Address: 14 Plaza Drive

City: Latham

State: NY Zip: 12110

Phone Number: 518-795-1406

Docket Number: T-051A

Email Address: dbiddiscombe@angiodynamics.com

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40.00

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number _____

Authorized User Name _____

9. Signature: _____ /Tara L. Clothier/

August 16, 2012

Signature

Date

Tara L. Clothier

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

Documents to be recorded (including cover sheet) should be faxed to (671) 273-0140, or mailed to:
Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

OP \$40.00 230771

Delaware

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The First State

CERTIFICATE

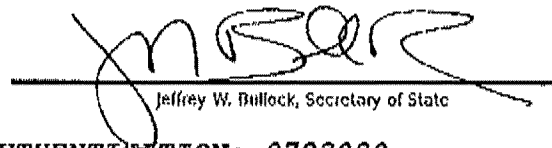
**SEARCHED AUGUST 15, 2012, AT 3:50 P.M.
FOR DEBTOR "RITA MEDICAL SYSTEMS, INC."**

**THE UNDERSIGNED FILING OFFICER HEREBY CERTIFIES THAT THERE
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OF JULY 30, 2012 AT 11:59 P.M.**



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Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9783080

DATE: 08-15-12