FORM PTO-1618A 1400" 12.7.48

ADDRESS.

12-10-1998

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## **RECORDATION FORM COVER SHEET**

TRADEMARKS ONLY				
	Please record the attached original document(s) or copy(ies).			
Submission Type	Conveyance Type			
X New	Assignment License			
Resubmission (Non-Recordation) Document ID #	Security Agreement Nunc Pro Tunc Assignment			
Correction of PTO Error	Merger Effective Date Month Day Year			
Reel # Frame #	Change of Name			
Corrective Document Reel # Frame #	X Other Release of Security Interest			
Conveying Party	Mark if additional names of conveying parties attached Execution Date			
Name   Silicon Valley Bank	Month Day Year 11161998			
Name Silicon valley Bank	[11101990]			
Formerly				
Individual General Partnership	Limited Partnership Corporation Association			
X Other bank				
Citizenship/State of Incorporation/Organizate	tion			
Receiving Party	Mark if additional names of receiving parties attached			
Name Clarus Medical Systems, Inc.				
DBA/AKA/TA				
Composed of				
Address (line 1) 1000 Boone Avenue North, #10	00			
Address (line 2)				
Address (line 3) Minneapolis	MN 55427			
Individual General Partnership	State/Country  If document to be recorded is an assignment and the receiving party is			
X Corporation Association	not domiciled in the United States, an appointment of a domestic representative should be attached.			
Other	(Designation must be a separate document from Assignment.)			
Citizenship/State of Incorporation/Organization				
	OFFICE USE ONLY			
2/09/1998 DNGUYEN 00000273 1817394				
40.00 DP	Our Chart to be recorded including time for reviewing the document and			
Public burden reporting for this collection of information is estimated to average	approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and ing this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, See OMB			

gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Inademic 1027, Washington, D.C. 20503. See CD.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See CD.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice.

**REEL: 1824 FRAME: 0394** 

Domestic Representative Name and Address Enter for the first Receiving Party only.  Name	FORM PTO-1 Expires 06/30/99 OMB 0651-0027	618B	Page 2	U.S. Department of Commerce Patent and Trademark Office TRADEMARK
Address (line 1)  Address (line 2)  Address (line 2)  Correspondent Name and Address Area Code and Telephone Number (415) 442-0900  Name Ms. Patricia Marquez, Legal Assistant  Address (line 1) Brobeck, Phleger & Harrison LLP  Address (line 1) Brobeck, Phleger & Harrison LLP  Address (line 2)  Address (line 2)  Pages Enter the total number of pages of the attached conveyance document including any attachments.  Trademark Application Number(s) or Registration Number(s) Mark if additional numbers satached Enter either the Trademark Application Number of the Registration Number (00 NOT ENTER BOTH numbers for the same property).  Trademark Application Number(s) Registration Number (00 NOT ENTER BOTH numbers for the same property).  Trademark Application Number (s) 1817-394 2049503 2037241    1860324 1775799   1826866 2043471     187994 2049503 2037241     187994 2049503 12037241     187994 2049503 12037241     187994 2049503 12037241     187994 2049503 12037241     187995 12049503 12037241     187995 12049503 12037241     187996 12049503 12037241		epresentative Name and Addres	Enter for the first Receiving Page 1	arty only.
Address (line 2)  Address (line 3)  Address (line 4)  Correspondent Name and Address Area Code and Telephone Number (415) 442–0900  Name Ma. Patricia Marquez, Legal Assistant  Address (line 1) Brobeck, Phleger & Harrison LLP  Address (line 2) One Market, Spear Street Tower  Address (line 2) One Market, Spear Street Tower  Address (line 3)  San Francisco, CA 94105  Address (line 4)  Pages Enter the total number of pages of the attached conveyance document including any attachments.  Trademark Application Number (s) or Registration Number (Do Not ENTER BOTH numbers for the same property).  Trademark Application Number (s) Registration Number (Registration Number (s)  Trademark Application Number (s) 1817-394 2049503 2037241  [1860324 1775799 1826866 2043471  [190,00]  Number of Properties Enter the total number of properties involved. # 7  Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 190.00  Number of Payment: Deposit Account (Enter for payment by deposit account of if additional fees can be charged to the account.)  Deposit Account Number:  Authorization to charge additional fees: Yes No   Statement 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. Charges to deposit account are authorized, as indicated herein.	Name [			
Address (line 4)  Correspondent Name and Address Area Code and Telephone Number (415) 442-0900  Name Ms. Patricia Marquez, Legal Assistant  Address (line 1) Brobeck, Phleger & Harrison LLP  Address (line 2) One Market, Spear Street Tower  Address (line 3) San Francisco, CA 94105  Address (line 4)  Pages Enter the total number of pages of the attached conveyance document including any attachments.  Trademark Application Number(s) or Registration Number(s) Mark if additional numbers attached Enter either the Trademark Application Number of the Registration Number (DO NOT ENTER BOTH numbers for the same property).  Trademark Application Number(s) Registration Number(s) Registration Number(s)  In 1817394 2049503 2037241  Number of Properties Enter the total number of properties involved. # 7  Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 190.00  Method of Payment: Enclosed X Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)  Deposit Account Number:  Authorization to charge additional fees: Ves No Statement 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. Charges to deposit account are authorized, as indicated herein.	Address (line 1)			
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Name of Person Signing Signature Date Signed	,	Managara P.	atricia Marques	12/03/1998
		of Person Signing	Signature	Date Signed

TRADEMARK REEL: 1824 FRAME: 0395

## RELEASE OF SECURITY INTEREST

Date:	 1-1	6-98	

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Silicon Valley Bank, Commercial Finance Division, Mail Sort NC491, 3003 Tasman Drive, Santa Clara, California 95054 (the "Secured Party") hereby releases its security interest in the following marks registered with the United States Patent and Trademark Office or for which application is pending:

Mark	Reg./Serial Number	Reg. Date
C Clarus Medical and Design	1,817,394	01/18/1994
C Logo	1,860,324	10/25/1994
Clarus	1,826,866	03/15/1994
Clarus Channel	2,049,503	04/01/1997
Clarus Medical	1,775,799	06/08/1993
Murphyscope	2,043,471	03/11/1997
NeuroPen	2,037,241	02/11/1997

Executed as of the date written above.

**RECORDED: 12/07/1998** 

By Christopher (: Hill

VANZOB 975721.1

TRADEMARK REEL: 1824 FRAME: 0396