PTO-1594 (Rev. 07/05)	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.			
			2 Name and address of the services 1 1 yes
		Name of conveying party(les).	Additional πames, addresses, or citizenship attached? 🕡 Νο
dlaMed Pharmaceuticals, Inc.	Name: Tiber Laboratories, LLC		
	Internal Address:		
Individual(s) Association	Address:		
General Partnership Limited Partnership	Street Address: 5400 Laurel Springs Parkway		
Corporation- State: Delaware	City: Suwanee		
Other	State: GA		
itizenship (see guidelines)	Country:Zip: 30024		
ditional names of conveying parties attached? Yes V No	Association Citizenship		
	General Partnership Citizenship		
. Nature of conveyance)/Execution Date(s) :	Limited Partnership Citizenship		
xecution Date(s) 12/29/2006	Corporation Citizenship		
✓ Assignment	OtherCitizenship		
Security Agreement Change of Name	If assignee is not domicited in the United States, a domestic		
Security rigidom-m	(Designations must be a separate document		
Other . Application number(s) or registration number(s) an	d identification or description of the Trademark.		
A. Trademark Application No.(s)	B. Trademark Registration No.(s) 2509656 - Endal 3000464 - AccuHist PDX		
	2505000 Arrayan 2528599 - AccuHist		
	Additional sheet(s) attached? Yes V No.		
C. Identification or Description of Trademark(s) (and Filing	g Date if Application or Registration Number is unknown):		
-			
the state of the police of the	6. Total number of applications and		
Name & address of party to whom correspondence concerning document should be mailed:	registrations involved:		
Name: Becky Davidson			
Internal Address:	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 160.00		
Internal Odgross-	Authorized to be charged by credit card		
Street Address: 7310 Turfway Rd.	Authorized to be charged to deposit account		
Street Address: (310 Junway 800	Enclosed		
	8. Payment Information:		
City: Florence	a, Credit Card Last 4 Numbers 1003		
State: <u>KY</u>	Expiration Date 11/10		
Phone Number: 859-538-1300	b. Deposit Account Number		
Fax Number: 859-282-3105	Authorized User Name		
Ernail Address: hdavidson@pediamedpharma.com	December 29, 2006		
9. Signature:	Date		
Signature	Total number of pages including cover sheet, attachments, and document:		
Martin P_Marico	sheet, attachments, and document:		
	sheet) should be (axed to (571) 273-0140, or mailed to:		

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



December 29, 2006

United States Patent and Trademark Office

Dear Sir or Madame:

Please be advised Tiber Laboratories, LLC, has purchased certain intellectual property rights from PediaMed Pharmaceuticals, Inc., as outlined on Forms PTO - 1594 and PTO - 1595 and several assignment changes are needed.

If I can be of further assistance, please do not hesitate to call me direct at 859-538-1300.

Sincerely,

Thomas P. Jennings

President

enc

Subscribed and sworn before me on the 29th of December, 2006.

Rebecca S. Davidson Notary Public State At Large, Kentucky My Commission Expires 10-13-2008

> 7310 Turfway Road, Suite 490, Florence, KY 41042 Phone: 859-282-8582 Fax: 859-282-3105

Toll Free: 1-866-543-6337 Website: www.pediamedpharma.com

TRADEMARK **RECORDED: 01/11/2007** REEL: 003461 FRAME: 0984