

Form PTO-1594 (Rev. 11-08)
OMB Collection 0651-0027 (exp. 12/31/2008)

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):

Soleno Inc.

- Individual(s)
- General Partnership
- Corporation- State:
- Other CANADIAN CORPORATION
- Association
- Limited Partnership

Citizenship (see guidelines)

Additional names of conveying parties attached? Yes No

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

Execution Date(s) Dec 12, 2008

- Assignment
- Security Agreement
- Other RADIATION RELEASE
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Business Development
 Internal Address: Bank of Canada
 Street Address: 5 PLACE VILLE-MARIE
 City: MONTREAL
 State: QUEBEC
 Country: CANADA Zip: H3B5E7

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other Financial INSTITUTION CANADA

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)

B. Trademark Registration No. (s)

2511442

Additional sheet(s) attached? Yes No

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

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

Name: Kim TOFFOLI
 Internal Address: KAUFMAN LARAMEE
 Street Address: 800 RENE-LEVESQUE BLVD WEST, #2220
 City: Montreal
 State: Quebec zip: H3B 1X9
 Phone Number: (514) 871-5313
 Fax Number: (514) 875-7147
 Email Address: KTOFFOLI@KAUFMANLARAMEE.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:

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Deposit Account Number _____
Authorized User Name _____

9. Signature:


 Signature
 Kim Toffoli
 Name of Person Signing

Dec. 12, 2008
Date

Total number of pages including cover sheet, attachments, and document: 4

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O:KIM TOFFOLI COMPANY:KAUFMAN LARAMEE

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Name: Kim Toffoli

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Street Address: 800 RENE-LEVESQUE
BLVD WEST, #220

City: Montreal

State: Quebec Zip: H3B 1X9

Phone Number: (514) 871-5313

Fax Number: (514) 875-7147

Email Address: KTOFFOL@KAUFMANLARAMEE.COM

6. Total number of applications and registrations involved:

1

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

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Deposit Account Number

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9. Signature:

Kim Toffoli

Signature

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Date

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 4

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TO: KIM TOFFOLI COMPANY: KAUFMAN LARAMEE

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We trust you will find the whole in order and would ask you to communicate with the undersigned should you have any questions or require further documentation with respect to the above and the enclosed.

Yours very truly,

KAUFMAN LARAMEE L.L.P.



Kim Toffoli
KT/cs

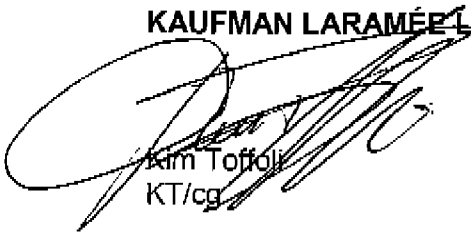


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Yours very truly,

KAUFMAN LARAMEE L.L.P.



Kim Toffoli
KT/cg



O:KIM TOFFOLI COMPANY:KAUFMAN LARAMEE

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PTO-2038 (09-2006)

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Street Address 2: 800 RENE-LEVESQUE BLVD. #2220

City: MONTREAL

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Country: CANADA

Daytime Phone #: (514) 875-7550 Fax #: (514) 875-7147

Request and Payment Information

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<input type="checkbox"/> Patent Fee	<input type="checkbox"/> Patent Maintenance Fee	<input checked="" type="checkbox"/> Trademark Fee	<input type="checkbox"/> Other Fee
Application No.	Application No.	Application No. 2511442	ICDN Customer No.
Patent No.	Patent No.	Identify or Describe Mark	
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