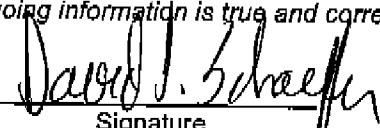



Form PTO-1595 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings ⇌ ⇌ ⇌		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office Docket Nos.: 126688/0046-0047	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): <u>Credit Suisse First Boston Management Corporation</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			2. Name and address of receiving party(ies) Name: <u>Credit Suisse First Boston Management LLC</u> Internal Address: _____ Street Address: <u>One Park Plaza, Suite 1100</u> City: <u>Irvine</u> State: <u>CA</u> Zip: <u>92614</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>May 14, 2003</u>			4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____ A. Patent Application No.(s) _____ B. Patent No.(s) <u>6,403,916 and 6,608,277</u> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Matthew W. Siegal</u> Internal Address: <u>Stroock & Stroock & Lavan LLP</u> Street Address: <u>180 Maiden Lane</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10038</u>			6. Total number of applications and patents involved: 2 7. Total fee (37 CFR 3.41).....\$ 80.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>19-4709</u> (Attach duplicate copy of this page if paying by deposit account)		
DO NOT USE THIS SPACE					
9. Statement and signature. <i>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.</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <u>David L. Schaeffer, Reg. No. 32,716</u> Name of Person Signing </div> <div style="width: 30%; text-align: center;">  Signature </div> <div style="width: 20%; text-align: right;"> <u>April 19, 2004</u> Date </div> </div>					
Total number of pages including cover sheet, attachments, and documents: 3					

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Form PTO-1595 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings $\Rightarrow \Rightarrow \Rightarrow$		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office Docket Nos.: 126688/0046-0047	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): Credit Suisse First Boston Management Corporation Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			2. Name and address of receiving party(ies) Name: <u>Isostar Texas, Inc.</u> Internal Address: _____ Street Address: <u>One Park Plaza, Suite 1100</u> City: <u>Irvine</u> State: <u>CA</u> Zip: <u>92614</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Release of Security Interest</u>			Execution Date: <u>May 14, 2003</u>		
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____ A. Patent Application No.(s) _____ B. Patent No.(s) <u>6,403,916 and 6,608,277</u> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Matthew W. Siegal</u> Internal Address: <u>Stroock & Stroock & Lavan LLP</u> Street Address: <u>180 Maiden Lane</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10038</u>			6. Total number of applications and patents involved: <u>2</u> 7. Total fee (37 CFR 3.41).....\$ <u>80.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>19-4709</u> (Attach duplicate copy of this page if paying by deposit account)		
DO NOT USE THIS SPACE					
9. Statement and signature. <i>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.</i> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <u>David L. Schaeffer</u> Name of Person Signing </div> <div style="width: 30%; text-align: center;">  Signature </div> <div style="width: 30%; text-align: right;"> <u>March 23, 2004</u> Date </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 30%;"> <u>Reg. No. 32,716</u> </div> <div style="width: 30%; text-align: center;"> Total number of pages including cover sheet, attachments, and documents: <u>5</u> </div> <div style="width: 30%;"></div> </div>					

Mail documents to be recorded with required cover sheet information to:
 Commissioner of Patents & Trademarks, Box Assignments
 Washington, D.C. 20231

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PATENT
REEL: 014523 FRAME: 0653

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Jacob J. Frohman (212) 479-8173
B. SEND ACKNOWLEDGMENT TO: (Name and Address) RETURN TO: M. LARKIN CT Corporation System 101 Federal Street, Suite 800 Boston, MA 02111

03-00277289

05/14/2003 11:51 AM



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TEXAS
SECRETARY OF STATE

33745890009

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 03-0007346689		1b. This FINANCING STATEMENT AMENDMENT is <input type="checkbox"/> to be filed (for record) (or recorded) in the REAL ESTATE RECORDS	
2. <input type="checkbox"/> 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. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continue for the additional period provided by applicable law.			
4. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> CHANGE name and/or address; give current record name in item 6a or 6b; also give new name (if name changed in item 7a or 7b and/or new address (if address changed in item 7c) <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).			
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME Isostar Texas, Inc.			
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION			
7a. ORGANIZATION'S NAME Credit Suisse First Boston Management, LLC			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
7c. MAILING ADDRESS 11 Madison Avenue		CITY New York	STATE NY
7d. TAX ID#: SSN OR EIN		7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION
ADD'L INFO RE ORGANIZATION DEBTOR		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.

All of the Debtor's assets used in, or otherwise relating to, the business of developing, manufacturing, distributing and selling products used for the brachytherapy treatment of cancer, including the assets set forth on Exhibit A (the "Brachytherapy Business"); provided, however, that the secured party named herein shall retain its security interest in all accounts, rights under Excluded Contracts (as such term is defined in that certain Asset Purchase Agreement, by and among Bard Acquisition Sub., Inc., Imagyn Medical Technologies, Inc., Imagyn Medical Technologies California, Inc. and Isostar Texas, Inc.), whether now existing or hereafter created, and all proceeds from the sale of the Brachytherapy Business and such other retained assets.

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 Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME Credit Suisse First Boston Management Corporation			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA

Texas Secretary of State

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT ADDENDUM (FORM UCC3) (REV. 07/28/98)
KRONISHLIEB 456224v1PATENT
REEL: 014523 FRAME: 0654

EXHIBIT A

(1) All machinery, equipment and inventory (including finished goods, raw materials and works-in-progress) used in the manufacturing, production and distribution of radioactive seeds, the Isosleeve delivery system, and other related products and services used in the brachytherapy treatment of cancer, and specifically excluding all other machinery, equipment and inventory (including finished goods, raw materials and works-in-progress) not so used, and (2) the following intellectual property:

United States Patents and Applications	<u>Serial No.</u>	<u>Date Filed</u>	<u>Patent No.</u>	<u>Issue Date</u>	<u>Ref.</u>
System and Automated Method for Producing Welded End Closures in Thin-walled Metal Tubes	09/569,536	5/12/00	6,403,916	5/11/02	2,035
Automated Brachytherapy Seed Production System	10/171,523	6/11/02	n/a	n/a	2,055

KRONISHLIEB 456224v1

RECORDED: 03/23/2004

PATENT
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