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# RECORDATION FORM COVER SHEET PATENTS ONLY

Docket No : 3440.1002-009

To the Director of the U.S. Patent and Trademark Office Please record the attached documents or the new address(es) below.

<b>1 Name of conveying party(ies)/Execution Date(s)</b> LUCY J. HOLT / 01/29/07 IAN M. TOMLINSON / 01/29/07 / / / Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>2 Name and address of receiving party(ies)</b> Name <u>DOMANTIS LIMITED</u> Internal Address. _____ _____ _____ Street Address: <u>315 CAMBRIDGE SCIENCE PARK</u> _____ City <u>CAMBRIDGE</u> State _____ Country <u>UNITED KINGDOM</u> Zip <u>CB4 0WG</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>3 Nature of conveyance</b> <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ _____		<b>4 Application number(s) or patent number(s)</b> A. Patent Application No.(s) <u>11/628,149</u> B. Patent No (s) _____ This document is being filed together with a new application. <input type="checkbox"/> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>5 Name and address of party to whom correspondence concerning document should be mailed</b> Name: <u>ROBERT H. UNDERWOOD, ESQ.</u> Internal Address. _____ <u>HAMILTON, BROOK, SMITH &amp; REYNOLDS, P.C</u> Street Address <u>530 VIRGINIA ROAD, P.O. BOX 9133</u> City <u>CONCORD</u> State <u>MA</u> ZIP <u>01742-9133</u> Phone No <u>978-341-0036</u> Fax No <u>978-341-0136</u> Email Address <u>ROBERT.UNDERWOOD@HBSR.COM</u>		<b>6 Total number of applications and patents involved</b> <u>1</u> <b>7. Total Fee</b> (37 CFR 1.21(h) & 3.41) <u>\$40</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorization to charge deposit account number 08-0380 <input type="checkbox"/> Previously submitted - Doc ID No. [ ] <input checked="" type="checkbox"/> Authorized to charge any deficiencies or credit any overpayment to deposit account number 08-0380	
<b>8. <u>Kristin A. Connarn, Esq.</u></b> Name of Person Signing <u>Kristin Connarn</u> Reg. No. <u>57,025</u> Signature _____ Date <u>February 22 2007</u> Total number of pages including cover sheet, attachments, and documents. <u>4</u>			

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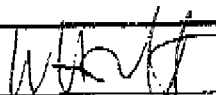
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AND, we hereby further agree for ourselves and our executors and administrators to execute upon request any other lawful documents and likewise to perform any other lawful acts which may be deemed necessary to secure fully the aforesaid invention to said ASSIGNEE, its successors, assigns and legal representatives, but at its or their expense and charges, including the execution of applications for patents in foreign countries, and the execution of any future applications including substitution, reissue, divisional or continuation applications, and preliminary or other statements and the giving of testimony in any interference or other proceeding in which said invention or any application or patent directed thereto may be involved,

AND, we do hereby authorize and request each Patent Office and the Commissioner of Patents of the United States to issue such Letters Patent as shall be granted upon said invention to said ASSIGNEE, its successors, assigns, and legal representatives.

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Docket No. 3440.1002-009

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Title

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Date

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