

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3838347

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE OF SECURITY INTEREST
CONVEYING PARTY DATA	
Name	Execution Date
WARD AND SMITH, P.A.	04/20/2016
RECEIVING PARTY DATA	
Name:	FERVENT PHARMACEUTICALS, LLC
Street Address:	740 GREENVILLE BOULEVARD
Internal Address:	SUITE 400-151
City:	GREENVILLE
State/Country:	NORTH CAROLINA
Postal Code:	27858
PROPERTY NUMBERS Total: 7	
Property Type	Number
Application Number:	14483653
Application Number:	14705087
Patent Number:	8461102
Application Number:	13886860
Application Number:	13037728
Application Number:	61309638
PCT Number:	US2011026650
CORRESPONDENCE DATA	
Fax Number:	(919)277-9177
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	919-277-9100
Email:	patents@wardandsmith.com
Correspondent Name:	WARD AND SMITH, P.A.
Address Line 1:	5430 WADE PARK BLVD
Address Line 2:	WADE II, SUITE 400
Address Line 4:	RALEIGH, NORTH CAROLINA 27607
ATTORNEY DOCKET NUMBER:	111132-00006
NAME OF SUBMITTER:	JEFFREY W. CHILDERS
SIGNATURE:	/JEFFREY W. CHILDERS/

PATENT

DATE SIGNED:	04/20/2016
Total Attachments: 1 source=Release_Security_Agmt#page1.tif	

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Crosby, Stephanie C
B. E-MAIL CONTACT AT FILER (optional) scc@wardandsmith.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div>STEPHANIE C CROSBY Ward and Smith, P.A. 1001 College Court New Bern, NC 28562</div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

20140099126F

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]
(or recorded) in the REAL ESTATE RECORDS

Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ **PARTY INFORMATION CHANGE:**

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record ☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

Fervent Pharmaceuticals, LLC

OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR	7b. INDIVIDUAL'S SURNAME
	INDIVIDUAL'S FIRST PERSONAL NAME
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)
	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a **DEBTOR**, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

Ward and Smith, P.A.

OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA:**

111132-00001