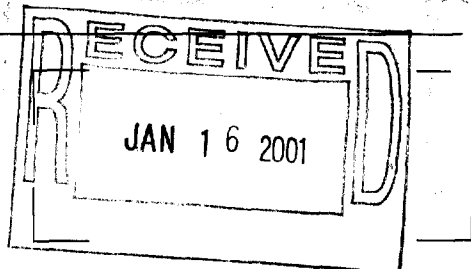


FORM PTO-1618A  
Expires 06/30/99  
OMB 0651-0027



01-24-2001



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1-16-01

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

#### Submission Type

New

Resubmission (Non-Recordation)  
Document ID # \_\_\_\_\_

Correction of PTO Error  
Reel # \_\_\_\_\_ Frame # \_\_\_\_\_

Corrective Document  
Reel # \_\_\_\_\_ Frame # \_\_\_\_\_

#### Conveyance Type

Assignment  License

Security Agreement  Nunc Pro Tunc Assignment

Merger  Change of Name

Effective Date  
Month Day Year  
072800

Other Termination of Security Interest

#### Conveying Party

Mark if additional names of conveying parties attached

Name Silicon Valley Bank Execution Date  
Month Day Year  
07 28 2000

Formerly \_\_\_\_\_

Individual  General Partnership  Limited Partnership  Corporation  Association

Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization DELAWARE

#### Receiving

Mark if additional names of receiving parties

Name Gamera Bioscience Corporation

DBA/AKA/TA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 200 Boston Avenue

Address (line 2) \_\_\_\_\_

Address (line 3) Medford MA 02155  
City State/Country Zip Code

Individual  General Partnership  Limited Partnership  Corporation  Association

Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization Delaware

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

01/25/2001 DBYRNE 00000042 75345185

01 FC:481 40.00 OP

02 FC:482 175.00 OP

#### FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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

**TRADEMARK**  
REEL: 002217 FRAME: 0978

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

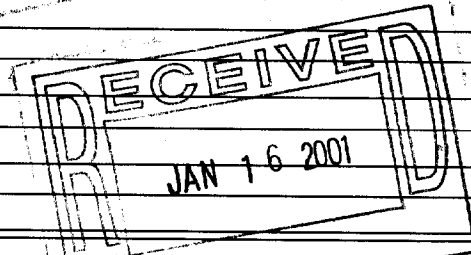
Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)



**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages** Enter the total number of pages of the attached conveyance document including any attachments. #

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text" value="75345185"/>	<input type="text" value="75345186"/>	<input type="text" value="75345187"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75345188"/>	<input type="text" value="75345189"/>	<input type="text" value="75345190"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75521722"/>	<input type="text" value="75521401"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties** Enter the total number of properties involved. #

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes  No

**Statement and Signature**

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. Charges to deposit account are authorized, as indicated herein.

Sarah A. Keefe      Sarah Anne Keefe      January 12, 2001  
 Name of Person Signing      Signature      Date Signed

This STATEMENT is presented to a filing officer for filing pursuant to the Uniform Commercial Code.

3 Maturity date (if any):

1 Debtor(s) (Last Name First) and address(es)  
Gamera Bioscience Corporation  
200 Boston Avenue  
Medford, MA 02155

2 Secured Party(ies) and address(es)  
Silicon Valley Bank  
3003 Tasman Drive  
Santa Clara, CA 95054

For Filing Officer  
(Date, Time, Number, and Filing Office)

008161

This statement refers to original Financing Statement No. 597997 Date Filed 12/18/1998 19

A. Continuation

The original financing statement between the foregoing Debtor and Secured Party, bearing the file number shown above, is still effective.

B. Partial Release

From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the following:

C. Assignment

The Secured Party certifies that the Secured Party has assigned to the Assignee whose name and address is shown below, Secured Party's rights under the financing statement bearing the file number shown above in the following property:

D. Other

(Such as "amendment")

E. TERMINATION

The Secured Party of record no longer claims a security interest under the Financing Statement

TERMINATED  
JUL 28 2000

SECRETARY OF STATE  
COMMONWEALTH OF MASS.

Silicon Valley Bank

(Signature of Debtor, if required)

(Debtor)

By

(Signature of Secured Party)

Dated: \_\_\_\_\_ 19 \_\_\_\_\_

FILING OFFICER COPY-ACKNOWLEDGMENT

MASSACHUSETTS