

RECORDATION FORM COVER SHEET

United States Patent and Trademark Office

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):
Silicon Valley Bank
3003 Tasman Drive
Santa Clara, CA 95054

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

Additional name(s) of conveying parties attached? Yes No

2. Name and address of receiving party(ies):
Additional name(s) of conveying parties attached? Yes No

Name: **NMT Medical, Inc.**

Internal Address:

Street Address: **27 Wormwood Street**

City: **Boston**
State: **MA**
Country: **USA**
Zip: **02210**

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

Execution Date(s): **December 15, 2010**

Assignment Merger
 Security Agreement Change of Name
 Other : **Release**

Association Citizenship
 General Partnership Citizenship
 Limited Partnership Citizenship
 Corporation Citizenship : **United States, Delaware**
 Other Citizenship

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) 77411417 78621348	B. Trademark Registration No.(s) 2133272 2443104 2613300 3110125
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C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): Additional sheets attached? Yes No

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

Name: **UCC Direct Services**

Internal Address: **Attn: 14080632**

Street Address: **187 Wolf Road, Suite 101**

City: **Albany** State: **NY** ZIP: **12205**

Phone Number: **1-800-342-3676 X 4065**

Fax Number: **1-800-962-7049**

Email Address: **cls-uds@albany@wolterskluwer.com**

6. Total number of applications and registrations involved: 6

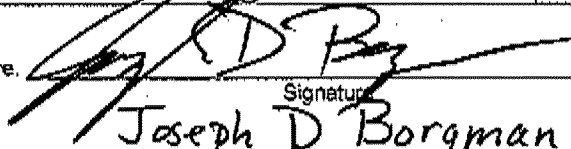
7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$ 165.00

Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers **5683**
 Expiration Date **10/12**

b. Deposit Account Number
 Authorized User Name

9. Signature. 
Signature: _____
Name of Person Signing: **Joseph D Borgman**

_____ **12/16/10** _____
Date

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

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

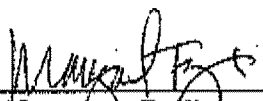
OP \$165.00 7741141

**RELEASE OF SECURITY AGREEMENT COVERING
INTERESTS IN TRADEMARKS**

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of **NMT Medical, Inc.** ("Assignor") in the trademarked works set forth in that certain **Intellectual Property Security Agreement** dated, 06/26/2009, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on 07/22/2009, Reel 4029, Frame 0561.

Dated: **December 15, 2010**

SILICON VALLEY BANK

By: 
Name: Margaret Fujii
Title: Operations Manager