



ARTURUS
CAPITAL

5 August 2009

Jim Story
Company Secretary
Modena Resources Limited
Suite B, 150 Hay Street
Subiaco WA 6008

Dear Sir

Re: Arturus Capital Limited Sale of 10,000,000 shares in Modena Resources Limited

Please find enclosed a duly completed ASIC form 605 "Notice of Ceasing to be a substantial Holder" for lodgement.

Yours faithfully

Maud Wafflart
Company Secretary
Arturus Capital Limited

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Form 605

Corporations Act 2001
Section 671B

Notice of ceasing to be a substantial holder

To Company Name/Scheme MODENA RESOURCES LIMITED
ACN/ARSN 119749 647

1. Details of substantial holder(1)

Name ARTURUS CAPITAL LIMITED (LIFE THERAPEUTICS LTD)
ACN/ARSN (if applicable) 001 001 145

The holder ceased to be a substantial holder on 29/07/09
The previous notice was given to the company on 03/02/09
The previous notice was dated 03/02/09

2. Changes in relevant interests

Particulars of each change in, or change in the nature of, a relevant interest (2) of the substantial holder or an associate (3) in voting securities of the company or scheme, since the substantial holder was last required to give a substantial holding notice to the company or scheme are as follows:

| Date of change | Person whose relevant interest changed | Nature of change (4) | Consideration given in relation to change(5) | Class (6) and number of securities affected | Person's votes affected |
|----------------|--|----------------------|--|---|-------------------------|
| | ARTURUS CAPITAL LIMITED | SALE OF SECURITIES | \$1,000,000 | ORD 10,000,000 (FULLY PAID) | ARTURUS CAPITAL LIMITED |

3. Changes in association

The persons who have become associates (3) of, ceased to be associates of, or have changed the nature of their association (7) with, the substantial holder in relation to voting interests in the company or scheme are as follows:

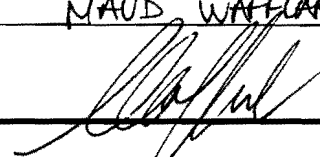
| Name and ACN/ARSN (if applicable) | Nature of association |
|-----------------------------------|-----------------------|
| | |
| | |

4. Addresses

The addresses of persons named in this form are as follows:

| Name | Address |
|------|---------|
| | |
| | |

Signature

print name NAUD WAFFLART capacity COMPANY SECRETARY
sign here  date 05/08/09

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