

Form PTO-1594 (Rev. 06/04)
OMB Collection 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY	
To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below	
<p>1. Name of conveying party(ies)/Execution Date(s): BNX Systems Corporation</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other</p> <p>Citizenship (see guidelines) _____ Execution Date(s) <u>July 15, 2004</u> Additional Names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies)</p> <p>Additional names, addresses, or citizenship attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: <u>Cartyle Venture Partners, L.P.</u> Internal Address: <u>39th Floor</u> Street Address: <u>600 Montgomery Street</u> City: <u>San Francisco</u> State: <u>CA</u> Country: _____ Zip: <u>94111</u></p> <p><input type="checkbox"/> Association Citizenship _____ <input type="checkbox"/> General Partnership Citizenship _____ <input checked="" type="checkbox"/> Limited Partnership Citizenship _____ <input type="checkbox"/> Corporation Citizenship _____ <input type="checkbox"/> Other Citizenship _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Termination of Security Interest</u></p>	<p>4. Application number(s) or registration number(s) and identification or description of the Trademark. A. Trademark Application No.(s) <u>76487941</u> <u>76143007</u> B. Trademark Registration No.(s)</p>
Additional sheet(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>C. Identification or Description of Trademark(s) (and Filing Date if application or Registration Number is unknown):</p>	
<p>5. Name & address of party to whom correspondence concerning documents should be mailed: Name: <u>Melanie A. Reetz</u> Internal Address: <u>Cooley Godward LLP</u> Street Address: <u>11951 Freedom Drive</u> City: <u>Reston</u> State: <u>VA</u> Zip: <u>20190</u> Phone Number: <u>703-456-8158</u> Fax Number: <u>703-456-8100</u> Email Address: <u>mreetz@cooley.com</u></p>	<p>6. Total number of applications and registrations involved: 2</p> <p>7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ <u>65.00</u></p> <p><input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged by deposit account <input type="checkbox"/> Enclosed</p> <p>8. Payment Information: a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number <u>03-3118</u> Authorized User Name <u>Cooley Godward LLP</u></p>
<p>9. Signature: <u>Melanie A. Reetz</u> Signature _____ Date <u>September 2, 2004</u></p> <p>Melanie A. Reetz Name of Person Signing</p>	<p>Total number of pages including cover sheet, attachments, and document: 20</p>

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

CH \$65.00 033118 76487941

Form PTO-1594
(Rev. 10/02)
OMB No. 0651-0027 (exp. 6/30/2005)

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

CONTINUATION OF NUMBER 2. RECEIVING PARTIES

Tab settings ⇨ ⇨ ⇨ τ τ τ τ τ τ τ

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
BNX Systems Corporation

Individuals Association

General Partnership Limited Partnership

Corporation-State- Delaware

Other _____

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)

Name: Carlyle U.S. Venture Partners, L.P.
Internal

Address: _____

Street Address: 600 Montgomery St., 39th Floor
San Francisco State: CA Zip: 94111

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State _____

Other _____

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)

Additional name(s) & address(es) attached? Yes No

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

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

CONTINUATION OF NUMBER 2. RECEIVING PARTIES

Tab settings ⇌ ⇌ ⇌ ⇌ ⇌ ⇌ ⇌ ⇌

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): BNX Systems Corporation.</p> <p><input type="checkbox"/> Individuals <input type="checkbox"/> Association</p> <p><input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership</p> <p><input checked="" type="checkbox"/> Corporation-State – Delaware</p> <p><input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: <u>C/S Venture Investors, L.P.</u></p> <p>Internal _____</p> <p>Address: _____</p> <p>Street Address: <u>600 Montgomery St., 39th Floor</u></p> <p style="margin-left: 40px;">San _____</p> <p>City: <u>Francisco</u> State: <u>CA</u> Zip: <u>94111</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____</p> <p><input type="checkbox"/> Association _____</p> <p><input type="checkbox"/> General Partnership _____</p> <p><input checked="" type="checkbox"/> Limited Partnership _____</p> <p><input type="checkbox"/> Corporation-State _____</p> <p><input type="checkbox"/> Other _____</p> <p><small>If assignee is not domiciled in the United States a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)</small></p> <p>Additional name(s) & address(es) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

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

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)	RECORDATION FORM COVER SHEET TRADEMARKS ONLY CONTINUATION OF NUMBER 2. RECEIVING PARTIES	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Tab settings → ⇄ ⇄ τ τ τ τ τ τ τ		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): BNX Systems Corporation <input type="checkbox"/> Individuals <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State – Delaware <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Carlisle Venture Coinvestment, L.L.C.</u> Internal Address: _____ Street Address: <u>600 Montgomery St., 39th Floor</u> City: <u>San Francisco</u> State: <u>CA</u> Zip: <u>94111</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input checked="" type="checkbox"/> Other <u>Limited Liability Company</u> If assignee is not domiciled in the United States a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Mall documents to be recorded with required cover sheet information to:
 Commissioner of Patents & Trademarks, Box Assignments
 Washington, D.C. 20231

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)	RECORDATION FORM COVER SHEET TRADEMARKS ONLY CONTINUATION OF NUMBER 2. RECEIVING PARTIES	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Tab settings → → → τ τ τ τ τ τ τ τ		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
<p>1. Name of conveying party(ies): BNX Systems Corporation</p> <p> <input type="checkbox"/> Individuals <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State – Delaware <input type="checkbox"/> Other _____ </p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: <u>Columbia Capital Equity Partners II (QP), L.P.</u> Internal Address: _____</p> <p>Street Address: <u>201 North Union St., Suite 300</u> City: <u>Alexandria</u> State: <u>VA</u> Zip: <u>22314</u></p> <p> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input checked="" type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input type="checkbox"/> Other <u>Limited Liability Company</u> _____ </p> <p> If assignee is not domiciled in the United States a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	

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

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)	RECORDATION FORM COVER SHEET TRADEMARKS ONLY CONTINUATION OF NUMBER 2. RECEIVING PARTIES	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Tab settings ⇌ ⇌ ⇌ τ τ τ τ τ τ τ τ		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): BNX Systems Corporation <input type="checkbox"/> Individuals <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State - Delaware <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Columbia BioNetrix Partners, LLC</u> Internal _____ Address: _____ Street Address: <u>201 North Union St., Suite 300</u> City: <u>Alexandria</u> State: <u>VA</u> Zip: <u>22314</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input checked="" type="checkbox"/> Other <u>Limited Liability Company</u> If assignee is not domiciled in the United States a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)	RECORDATION FORM COVER SHEET TRADEMARKS ONLY CONTINUATION OF NUMBER 2. RECEIVING PARTIES	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): BNX Systems Corporation <input type="checkbox"/> Individuals <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State- Delaware <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Columbia Capital Equity Partners III (QP), Name: <u>L.P.</u> Internal Address: _____ Street Address: <u>201 North Union St., Suite 300</u> City: <u>Alexandria</u> State: <u>VA</u> Zip: <u>22314</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input checked="" type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input type="checkbox"/> Other _____ If assignee is not domiciled in the United States a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

Form PTO-1594
(Rev. 10/02)
OMB No. 0651-0027 (exp. 6/30/2005)

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

CONTINUATION OF NUMBER 2. RECEIVING PARTIES

Tab settings → → → τ τ τ τ τ τ τ

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
BNX Systems Corporation

Individuals Association
 General Partnership Limited Partnership
 Corporation-State – Delaware
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: Columbia BioNetrix Partners III, LLC
Internal
Address: _____
Street Address: 201 North Union St., Suite 300
City: Alexandria State: VA Zip: 22314

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other Limited Liability Company

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)
Additional name(s) & address(es) attached? Yes No

Mall documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

Form PTO-1594
(Rev. 10/02)
OMB No. 0651-0027 (exp. 6/30/2005)

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

CONTINUATION OF NUMBER 2. RECEIVING PARTIES

Tab settings → → →

τ τ τ τ τ τ τ

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
BNX Systems Corporation

Individuals Association
 General Partnership Limited Partnership
 Corporation-State - Delaware
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: Columbia Capital Equity Partners III (AI), L.P.
Internal
Address: _____
Street Address: 201 North Union St., Suite 300
City: Alexandria State: VA Zip: 22314

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other _____

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)
Additional name(s) & address(es) attached? Yes No

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

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)	RECORDATION FORM COVER SHEET TRADEMARKS ONLY CONTINUATION OF NUMBER 2. RECEIVING PARTIES	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Tab settings → → → τ τ τ τ τ τ τ τ		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): BNX Systems Corporation <input type="checkbox"/> Individuals <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State- Delaware <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Walker Investment Fund II SBIC, LP</u> Internal Address: _____ Street Address: <u>3060 Washington Road, Ste. 200</u> City: <u>Glenwood</u> State: <u>MD</u> Zip: <u>21738</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input checked="" type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input type="checkbox"/> Other _____ If assignee is not domiciled in the United States a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)	RECORDATION FORM COVER SHEET TRADEMARKS ONLY CONTINUATION OF NUMBER 2. RECEIVING PARTIES	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Tab settings → ⇨ ⇩ τ τ τ τ τ τ τ		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): BNX Systems Corporation <input type="checkbox"/> Individuals <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State- Delaware <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>William Melton</u> Internal _____ Address: _____ Street Address: <u>2086 Hunters Crest Way</u> City: <u>Vienna</u> State: <u>VA</u> Zip: <u>22181</u> <input checked="" type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input type="checkbox"/> Other _____ If assignee is not domiciled in the United States a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)	RECORDATION FORM COVER SHEET TRADEMARKS ONLY CONTINUATION OF NUMBER 2. RECEIVING PARTIES	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Tab settings → → → τ τ τ τ τ τ τ		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): BNX Systems Corporation <input type="checkbox"/> Individuals <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State- Delaware <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>The Dinner Club I, LLC</u> Internal _____ Address: _____ Street Address: <u>402 Maple Avenue West</u> City: <u>Vienna</u> State: <u>VA</u> Zip: <u>22180</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input checked="" type="checkbox"/> Other <u>Limited Liability Company</u> If assignee is not domiciled in the United States a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Registrant/Applicant: **BNX Systems Corporation**
Trademarks: **See Attached Exhibit A**

TERMINATION OF TRADEMARK SECURITY INTEREST

WHEREAS, BNX Systems Corporation, (the "*Company*"), a Delaware corporation, having its principal offices at 1953 Gallows Road, Suite 500, Vienna, Virginia 22182, has adopted, used or had an intent-to-use the Trademarks listed in the attached **Exhibit A**, now registered or in the process of registration in the United States Patent and Trademark Office;

WHEREAS, the Company entered into that certain Collateral Grant of Security Interest in Patents and Trademarks (the "*Security Agreement*") dated March 2, 2004 by the Company in favor of the secured parties listed on the signature pages hereto (each, a "*Secured Party*" and, collectively, the "*Secured Parties*"), a true and correct copy of which was recorded by the United States Patent and Trademark Office on March 11, 2004, at Reel 002809, Frame 0272;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, the Secured Parties hereby:

1. release and reassign to the Company any and all liens, security interests, right, title and interest of Secured Parties pursuant to the Security Agreement in the trademarks which are described more fully on **Exhibit A**, without recourse or representation or warranty, express or implied; and
2. authorize and request the Commissioner of Patents and Trademarks of the United States of America to note and record the existence of the release hereby given.

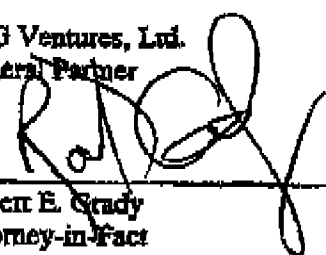
[Signature Pages Follow]

IN WITNESS WHEREOF, the Company has executed this Termination of Trademark Security Interest as of this 15th day of July, 2004.

SECURED PARTIES:

CARLYLE VENTURE PARTNERS, L.P.

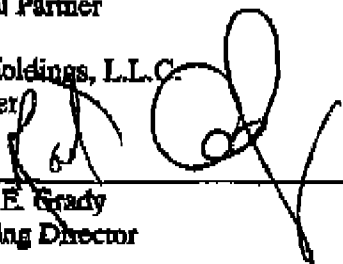
By: TCG Ventures, Ltd.
General Partner



By: _____
Robert E. Grady
Attorney-in-Fact

CARLYLE U.S. VENTURE PARTNERS, L.P.

By: TCG Ventures, L.L.C.
General Partner

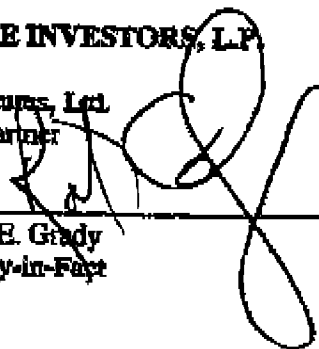


By: TCG Holdings, L.L.C.
Manager

By: _____
Robert E. Grady
Managing Director

C/S VENTURE INVESTORS, L.P.

By: TCG Ventures, Ltd.
General Partner



By: _____
Robert E. Grady
Attorney-in-Fact

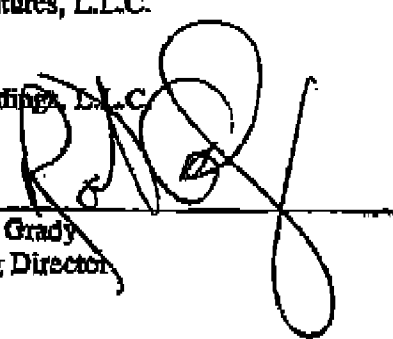
[Signature Page to Termination of Trademark Security Interest]

CARLYLE VENTURE COINVESTMENT, L.L.C.

By: TCG Ventures, L.L.C.
Manager

By: TCG Holdings, L.L.C.
Manager

By: _____
Robert E. Grady
Managing Director

A large, stylized handwritten signature in black ink, appearing to read 'R. Grady', is written over the signature line and extends upwards and to the right.

[Signature Page to Termination of Trademark Security Interest]

210380 v1.1RE
436a061.DOC

**COLUMBIA CAPITAL EQUITY PARTNERS II
(QP), L.P.**

By: Columbia Capital Equity Partners, L.L.C.
General Partner

By: Donald A. Doering
Name: Donald A. Doering
Title: CFO

COLUMBIA BIONETRIX PARTNERS, LLC

By: Columbia Capital, L.L.C.
Manager

By: Donald A. Doering
Name: Donald A. Doering
Title: CFO

**COLUMBIA CAPITAL EQUITY PARTNERS III
(QP), L.P.**

By: Columbia Capital Equity Partners, L.L.C.
General Partner

By: Donald A. Doering
Name: Donald A. Doering
Title: CFO

COLUMBIA BIONETRIX PARTNERS III, LLC

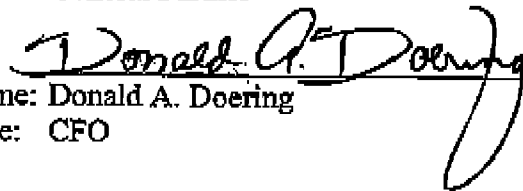
By: Columbia Capital III, L.L.C.
Manager

By: Donald A. Doering
Name: Donald A. Doering
Title: CFO

[Signature Page to Termination of Trademark Security Interest]

**COLUMBIA CAPITAL EQUITY PARTNERS III
(AI), L.P.**

By: Columbia Capital Equity Partners III, L.P.
General Partner

By: 
Name: Donald A. Doering
Title: CFO

[Signature Page to Termination of Trademark Security Interest]

WALKER INVESTMENT FUND II SBIC, LP

By: Walker Ventures SBIC, LLC
General Partner

By: Step T. Walk

Title: Member

[Signature Page to Termination of Trademark Security Interest]



William Melton

[Signature Page to Termination of Trademark Security Interest]

210589 v1/RE
43In031.DOC

TRADEMARK
REEL: 002939 FRAME: 0475

THE DINNER CLUB I, LLC

By: *J. May*
 Name: John May
 Title: Manager, The Dinner Club LLC
*by NW/Simmons, LLC
 its manager*

[Signature Page to Termination of Trademark Security Interest]

210580 v1/RE
43fm03.LDOC