

3/21/05

03-24-2005

FORM PTO-1594

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U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office

(Rev. 03/01)

OMB No. 0651-0027 (exp. 05/31/2002)

102965597

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

<p>1. Name of conveying party(ies): Silicon Valley Bank 3003 Tasman Drive-HA155 Santa Clara, CA 95054</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: 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>3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other Release</p> <p>Execution Date: 3/10/05</p>	<p>2. Name and address of receiving party(ies): Name Digital Medical Systems, Inc. Internal Address: Street Address: 400 Oyster Point Blvd, Ste 401 City: South SF State: CA ZIP: 94080</p> <p><input type="checkbox"/> Individual(s) citizenship <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>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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4. Application number(s) or registration number(s):	
A. Trademark Application No.(s)	B. Trademark No.(s)
75/042,561	1,967,297
75/042,557	1,941,558

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Additional numbers attached? Yes No

<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: Silicon Valley Bank Internal Address: Loan Documentation HA155 Street Address: 3003 Tasman Dr. City: Santa Clara State: Ca ZIP: 95054</p>	<p>6. Total number of applications and registrations involved: 4</p> <hr/> <p>7. Total fee (37 CFR 3.41): \$115.00 <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <hr/> <p>8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)</p>
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9. 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.

03/22/2005 DBYRNE 00000074 75042561

01 FC:4521	40.00 OP		
02 FC:8328 Dana Lowe	75.00 OP		
Name of Person Signing		Signature	Date 3/10/2005

Total number of pages including cover sheet, attachments, and document 3

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

TRADEMARK
 REEL: 003138 FRAME: 0734

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

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Digital Medical Systems, Inc. ("Assignor") in the trademarked works set forth in that certain **Intellectual Property And Security Agreement** dated, October 30, 1998 executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on November 20, 1998 Reel 1819, Frame 0763.

Dated: **March 10, 2005**

SILICON VALLEY BANK

By: Maribel Higareda
Name: Maribel Higareda
Title: Operations Supervisor