12	2-15-2005
FORM PTO-1594 (Rev. 07/05) RE	U.S. DEPARTMENT OF COMMER United States Patent and Trademark Offi
To the Director of the U.S. Patent and Trademark Office: Please record tile acceptance or the new address(es) below.	
1. Name of conveying party(ies):	2. Name and address of receiving party(ies):
Silicon Valley Bank	Additional name(s) of conveying parties attached? Yes No
	Name: Critical Path, Inc. Internal Address
☐ Individual(s) ☐ Association	iliterilar Address
General Partnership	Street Address: 2 Harrison St. 2 nd Fl.
☑ Corporation-State ☐ Other	City San Francisco
oulei	State Ca
Additional name(s) of conveying parties attached? ☐Yes ☒ No	Country USA
3. Nature of conveyance/ Execution Date(s):	Zip 194105
Execution Date(s): 11-29-05	Association Citizenship
Agaignment DMorger	General Partnership Citizenship
Assignment Merger	☐ Limited Partnership Citizenship ☐ Corporation Citizenship
Security Agreement	Other Citizenship
	If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
☑ Other Release	(Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and ic	dentification or description of the Trademark:
A. Trademark Application No.(s) 75869916 75869915	B. Trademark Registration No.(s) 2229952
78123904 75869974	1889639
75869900	
75869913	
75869901 C. Identification or Description of Trademark(s) (and Filing D Registration Number is unknown): See Exhibit C attached	Date if Application or Additional sheets attached? Yes
5. Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and registrations involved: 9
Name: Silicon Valley Bank	
Internal Address Lean Callateral UF454	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$240.00
Internal Address: Loan Collateral HF154	☐ Authorized to be charged by credit card ☐ Authorized to be charged to deposit account
Street Address: 3003 Tasman Dr.	☐ Authorized to be charged by credit card ☐ Authorized to be charged to deposit account ☐ Enclosed
City: Santa Clara State: CA ZIP: 95054	8. Payment Information:
Phone Number: (408) 654-4042	a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number Authorized User Name CT SECURITY RECURSION RECURSION
	Expiration Date SE
Fax Number: (408) 654-6313	
Email Address: Idc@svbank.com	b. Deposit Account Number Authorized User Name
	7 7 8
9. Signature.	12/1/05
Signature. Signature	Date
AILEGENE SAMATUA	Total number of pages including cover
Name of Person Signing	sheet, attachments, and document:
4/2005 ECDOPER 00000077 75869916	
FC:8522 / 200.00 OP	
FC:8521 FC:8522 40.00 0P	

TRADEMARK REEL: 003273 FRAME: 0055

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Critical Path, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property And Security Agreement dated, September 30th, 2002, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on October 28th, 2002, Reel 002608, Frame 0120.

Dated: November 29th, 2005

(WILA

SILICON VALLEY BANK

By: Name:

Title:

h:\docs\ipagrmts\3release

RECORDED: 12/13/2005

TRADEMARK REEL: 003273 FRAME: 0056