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COMMERCE	OVER SHEET United States Patent and Trademark Office
(Rev. 07/05) RECORDATION FOR OMB No. 0651-0027 (exp. 06/30/2008)	W COVER SHEET
TRADEMAR	KS ONLY
To the Director of the U.S. Patent and Trademark Office: I	Please record the attached documents or the new address (es) below.    2. Name and address of receiving party(ies):
f. Name of conveying party(les): SILICON VALLEY BANK	Additional name(s) of conveying parties attached?   Yes   No
3003 TASMAN DRIVE	Name: ATHENAHEALTH, INC.
SANTA CLARA, CA 95054	Internal Address
☐ Individual(s) ☐ Association	
☐ General Partnership ☐ Limited Partnership	Street Address:
⊠ Corporation-State	311 ARSENAL STREET
Other	City: WATERTOWN
	State: MA
Additional name(s) of conveying parties attached? ☐Yes ☑ No	Country: USA
3. Nature of conveyance/ Execution Date(s):	Zip: <b>02472</b>
Execution Date(s): 9/3/08	Association Citizenship
	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 4. Application number(s) or registration number(s) and identif	(Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and identif	ication of description of the Trademark:
A. Trademark, Application No.(s)	B. ₹rademark Registration No.(s)
	2737126 2737212
C. Identification or Description of Trademark(s) (and Filing Dar Registration Number is unknown):	te if Application or Additional sheets attached?  Yes No
5. Name and address of party to whom	6. Total number of applications and
correspondence concerning document should be mailed:	registrations involved: 2
Name: UCC Direct Services	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$ 65.00
Internal Address: 14080632	Authorized to be charged by credit card  Authorized to be charged to deposit account
Street Address: 187 Wolf Road, Suite 101	Enclosed
City: Albany State: NY ZIP: 12205	8. Payment Information:
Phone Number: 1-800-342-3676	a. Credit Card Last 4 Numbers 5 (983
Fax Number:	Expiration Date 11/0 9
	b. Deposit Account Number
Email Address: susan.obrien@wolterskluwer.com	Authorized User Name
1/ A-h.	
9. Signature.	September 3, 2008,
Stignature	Date
Suan O'Brien	Total number of pages including cover
Name of Person Signing	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

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## RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of ATHENAHEALTH INC ("Assignor") in the Trademarked works set forth in that certain Intellectual Property And Security Agreement dated <u>01/24/2006</u>, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on <u>03/06/2006</u> Reel <u>3269</u>. Frame <u>0836</u>.

Dated: 09/03/2008

SILICON VALLEY BANK

Name: Romil Randhawa
Title: Operations Manager

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**RECORDED: 09/04/2008** 

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