		U.S. DEPARTMENT OF
KM F10-1594		M COVER SHEET United States Patent and Trademark Office
MMERCÉ _{IV} , 07/05)	RECORDATION FOR	RM COVER SHEET
	2008) Trademar	KS ONLY
To the Director of the U.	S. Patent and Trademark Office: I	Please record the attached documents of the New documents
Name of conveying party(ies)]:	2. Name and address of receiving parties attached? ☐ Yes ☑ No Additional name(s) of conveying parties attached? ☐ Yes ☑ No
ILICON VALLEY BANK		
-		Name: ATHENAHEALTH, INC.
003 TASMAN DRIVE		
ANTA CLARA, CA 95054		Internal Address
Individual(s)	☐ Association	
General Partnership	Limited Partnership	Street Address:
) Opinoral (Brane		,
Corporation-State		311 ARSENAL STREET
Other		City: WATERTOWN
		State: MA
dditional name(s) of conveying	parties attached? ☐Yes ☑ No	Country: USA Zip: 02472
Nature of conveyance/ Execution Date(s):		ZID; U2412
		Citizanahia
Execution Date(s): 9/3/08		Association Citizenship General Partnership Citizenship
		Ganeral Partnership Citizenship
Assignment Assignment	☐Merger	Corporation Citizenship
<u> </u>	Change of Name	Citizenship
Security Agreement	Change of Name	If assignee is not domiciled in the United States, a domestic representative
		Literanian in attached III Ves IXI NO
☑ Other : Release		(Designation is attacked.) (Designations must be a separate document from assignment)
4. Application number(s) or re	egistration number(s) and ident	tification or description of the Trademark:
		R. Trademark Registration No.(s)
A, Trademark Application No.(s)		2737212 3203737 3236875
C. Identification of Description	on of Trademark(s) (and Filing D	Date if Application or Additional sheets attached? ☐ Yes 🗵 No
Registration Number is u	nknown):	
_		6. Total number of applications and
5. Name and address of party to whom correspondence concerning document should be		registrations involved: 3
correspondence concern	ning cocument should be	(-Bros. ac
mailed:		
Name: UCC Direct Service	cos	
Mame: Occ bilect services		7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$90.00
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:
_		a. Credit Card Last 4 Numbers 5 683 Expiration Date 11/09
Phone Number: 1-800-34	2-3676	a. Credit Card Last 4 North Color 1/09
		Expiration Date 117
Fax Number:		
		b. Deposit Account Number Authorized User Name
Email Address: susan.ob	rien@wolterskluwer.com	Authorized Oser Name
10	11.01/2	
a signatura		September 3, 2008,
9. Signature	Signature	Date
/	a . AIB-II	Total number of pages including cover
	Suan O'Brien	sheet, attachments, and document:
	Name of Person Signing	sneet, attachments, and coloring it.
i i		

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

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>09/21/2006</u>, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on <u>10/04/2006</u> Reel <u>3402</u>, Frame <u>0607</u>.

Dated: 09/03/2008

SILICON VALLEY BANK

Name: Romil Randhawa
Title: Operations Manager

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RECORDED: 09/04/2008

TRADEMARK REEL: 003847 FRAME: 0324