FORM PTO-1594	
FORM PTO-1594 COMMERCE	

COMMERCE	
(Rev. 07/05) RECORDATION FOR	RM COVER SHEET United States Patent and Trademark Office
OMB No. 0651-0027 (exp. 06/30/2008) TRADEMAN	RKS ONLY
	Please record the attached documents or the new address(es) below.
1. Name of conveying party(les): Silicon Valley Bank 3003 Tasman Drive	2. Name and address of receiving party(les): Additional name(s) of conveying parties attached? ☐Yes ☒ No
Santa Clara, CA 95054	Name: Sensys Medical, Inc.
☐ Individual(s) ☐ Association	Internal Address
General Partnership Limited Partnership	Street Address: 7470 W. Chandler Blvd
☑ Corporation-State	
☐ Other	City: Chandler State: AZ
Additional name(s) of conveying parties attached? ∐Yes ☒ No	Country: USA
3. Nature of conveyance/ Execution Date(s):	Zip: 85226
Execution Date(s): September 29, 2008	Association Citizenship
☐ Assignment ☐ Merger	General Partnership Citizenship Limited Partnership Citizenship
	☑ Corporation Citizenship :Canada
Security Agreement	Other Citizenship
	If assignee is not domiciled in the United States, a domestic representative
☑ Other : Release	designation is attached: Tyes Mo (Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and identif	_ '
A Trademark Application No. (a)	16. Traderrack Conjugation No. (e)
A. Trademark Application No.(s)	8. Trademark Registration No.(s) 3275983
	3272752
	3261730
	3265604
	3265867
C. Identification or Description of Trademark(s) (and Fifing Da 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: 5
Name: UCC Direct Services	
internal Address: Attn: 14080632	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$ 140.00 Authorized to be charged by credit card
Street Address: 187 Wolf Road, Suite 101	☐ Authorized to be charged to deposit account ☐ Enclosed
City: Albany State: NY ZIP: 12205	8. Payment information:
Phone Number: 1-800-342-3676 X 4065	a. Credit Card Last 4 Numbers 5683
	Expiration Date 11/09
Fax Number; 1-800-962-7049	
Email Address: cls-udsalbany@wolterskluwer.com	b. Deposit Account Number Authorized User Name
// / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
9. Signature.	09/29/2008
Signature	Date
Joseph D Borgman	Total number of pages including cover
Name of Person Signing	sheet, attachments, and document:

TRADEMARK REEL: 003861 FRAME: 0842

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of **Sensys Medical, Inc.** ("Assignor") in the trademarked works set forth in that certain **Intellectual Property And Security Agreement** dated, **03/10/2006**, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on **05/25/2006**, Reel **3346**, Frame **0514**.

Dated: September 29, 2008

SILICON VALLEY BANK

Name: <u>Margar</u> Title: Operati

By:

<u>Margaret Fujii</u> (

Operations Manager

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RECORDED: 09/30/2008

TRADEMARK
REEL: 003861 FRAME: 0843