	U.S. DEPARTMENT OF
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TRADI	Office: Please record the attached documents or the new address(es) below.  2. Name and address of receiving party(les):  2. Name and address of receiving party(les):
To the Director of the U.S. Patent and Tragernary C. Name of conveying party(les):	Office: Please rectid the sitted of racelving party(les):    2. Name and address of racelving party(les):   Additional name(s) of conveying parties attached?   Yes   No
ilcon Valley Bank	
03 Tasman Drive anta Clara, CA 95054	Name: Xplore Technologies Corporation of America
nta Ciara, CA 88804	
	Internal Address
The dividual(e) Association	(Men) and the second
] (()(i)(i)(dai/a)	Street Address: 14000 Summit Drive STE 900
] General Partnership ☐ Limited Partnership	Street Address: 14000 Summit Drive STE 900
☑ Corporation-State-Delaware	
•	City: Austin
Other	- State: TX ▼ No Country: USA
dditional name(s) of conveying parties attached? ∐Yes ⊠	A NO JOOGHEY.
. Nature of conveyance/ Execution Date(s):	<b>2-1</b> 7
	Association Citizenship
Execution Date(s): 12/18/09	General Partnership Citizenship  Limited Partnership Citizenship
☐ Assignment ☐Merger	Land Control of the C
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Security Agreement Change of Name	If againned is not domiciled in the United States, a domestic representative
	designation is attached:  Yes  No (Designations must be a separate document from assignment)
☑ Other:Release	Designations interest of the Trademark:
Other: Release     Application number(s) or registration number(s) and     Application number(s) and     Release     Application number(s) and     Release     Releas	d Identification of description of the
A. Trademark: Application No.(s)	B. Trademark Registration No.(s)
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C. Identification or Description of Trademark(s) (and F Registration Number is unknown):	
5. Name and address of party to whom	6. Total number of applications and
correspondence	registrations involved: I
concerning document should be mailed:	
Name: UCC Direct Services	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$40.00
Internal Address: Attn: 14080632	N⊠ 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 5768 3
Phone Number: 1-800-342-3676 X 4065	Expiration Date 10/13
Fax Number: 1-800-962-7049	b. Deposit Account Number
Email Address: cls-udsalbany@wolterakiuwe	10/2//89
9. Signature	70/01/01 Date
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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 **Xplore Technologies Corporation of America**, ("Assignor") in the trademarked works set forth in that certain **Intellectual Property And Security Agreement** dated, September 15, 2005, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on <u>September 5, 2008</u>. Reel <u>3847</u>, Frame <u>0379</u>.

December 18, 2009

SILICON VALLEY BANK

Name: Romil Randhawa
Title: Operations Manager

**RECORDED: 12/22/2009** 

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