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ORM PTO-1594		M COVER SHEET United States Patent and Trademark Office
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To the Director of the U	S. Patent and Trademark Office: I	RS ONLY Please record the attached documents or the new address(es) below. 2. Name and address of receiving party(ies):
. Name of conveying party(les illicon Valley Bank) :	Additional name(s) of conveying parties attached? Yes No
003 Tasman Drive anta Clara, CA 95054		Name: ISOTHERMAL SYSTEMS RESEARCH INC
		Internal Address
] Individual(s)	Association	
General Partnership	Limited Partnership	Street Address: 2218 NORTH MOLTER RD
☑ Corporation–State		
□ Other		City: LIBERTY LAKE
-		State: WA
Additional name(s) of conveying	parties attached? LIYes XI No	Country: USA Zip: 99019
3. Nature of conveyance/	EXECUTION Date(s):	EIIP. VOV IV
Execution Date(s): March 3	3, 2010	Association Citizenship
Fridancial Educately and a	_	General Partnership
Assignment Assignment	☐Merger	☐ Limited Partnership Citizenship ☑ Corporation Citizenship : USA State: WA
	Change of Name	Clfizenship
Security Agreement	Change of Name	If assignee 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	-interior numbered and ideati	fication or description of the Trademark:
4. Application number(s) or re	igistastiou ununetia) suo ideno	
A. Trademark Application No.(\$)		B. Trademark Registration No.(s)
		78736327
		ate if Application of Additional sheets attached? Yes No
Identification or Descriptio Registration Number is ur	n of Trademark(s) (and Filing Da known):	ate if Application or Additional sneets attached? 1 Tes 2 No.
5. Name and address of	party to whom	6. Total number of applications and
correspondence		registrations involved: 2
concerning document sh	rould be mailed:	
Name: UCC Direct Services		7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$65
Internal Address: Attn: 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 X 4065		a. Credit Cerd Last 4 Numbers 570 83
		Expiration Date /0/12
Fax Number: 1-800-962-7049		, n
		b. Deposit Account Number Authorized User Name
Email Address: cls-udsa	bany@wolterskluwer.com_	Authorized daes Hame
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9. Signature.	Cinnatura	Date
/ /-	Signature	"
1 - 2	Name of Person Signing	η μα η Total number of pages including cover sheet, attachments, and document:
	Matue of Leison Signing	2 1 2 2 1 County of the County
L		2

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
TRADEMARK

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Isothermal Systems Research Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, May 9, 2003, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on August 16, 2007 Reel 003608 Frame 0617.

Date: March 3, 2010

SILICON VALLEY BANK

Name:

Margaret Fujii

Title: Operations Manag

RECORDED: 03/05/2010

TRADEMARK REEL: 004162 FRAME: 0441