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ORM PTO-1594	N FORM COVER SHEET United States Patent and Trademark Office
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up Na 0881-0027 (Axp. 06/30/2008)	
To the Director of the U.S. Patent and Trademark (officer Places respect the attached documents of the new address(es) of the
Name of conveying party(les):	2. Name and address of receiving party(ies): Additional name(s) of conveying parties attached? □Yes ☒ No
licon Valley Bank	
03 Tasman Drive anta Clara, CA 95054	Name: Hotlink Incorporated
	Internal Address
	MINGINE Address
] Individual(s) Association	a / LD + NO 800 276
General Partnership 🔲 Limited Partnership	Street Address: 3720 Gattis School Rd, NO 800 276
	\
☑ Corporation-State	City Bound Back
] Other	City: Round Rock State: TX
Additional name(s) of conveying parties attached? ☐Yes ∑	
Nature of conveyance/ Execution Date(s):	Zip:78664
), Markie di Convellence Exceettor seroteli.	
Execution Date(s): April 19, 2010	Association Citizenship General Partnership Citizenship
-	Limited Partnership Citizenship
Assignment Merger	Corporation Citizenship : USA State: TX
Security Agreement Change of Name	Cltizenship
Transfer The second Section 1	If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
	(Designation is attached. Lifes to Ind (Designations must be a separate document from assignment)
Other: RELEASE 4. Application number(s) or registration number(s) and	Identification or description of the Trademark:
A. Trademark Application No.(s)	B. Trademark Registration No.(s) 75586056
	75586131
C. Identification or Description of Trademark(s) (and F	iling Date if Application or Additional sheets attached? Yes 🗵 No
Registration Number is unknown):	• • • • • • • • • • • • • • • • • • •
	6. Total number of applications and
5. Name and address of party to whom	registrations involved: 2
correspondence concerning document should be mailed:	
waterware \$175 PM	
Name: UCC Direct Services	the second secon
	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$ 65.10
Internal Address: Attn: 14080632	 Authorized to be charged by credit card Authorized to be charged to deposit account
Chart Address: 407 Wolf Board Suite 104	Enclosed
Street Address: 187 Wolf Road, Suite 101	
City: Albany State: NY ZIP: 12205	8. Payment Information:
Sig. variety	
Phone Number: 1-800-342-3676 X 4065	G. Ground and and a
	Expiration Date 10/12
Fax Number: 1-800-962-7049	h Concelt Account Number
and the second s	b. Deposit Account Number Authorized User Name
Email Address: cls-udsalbany@wolterskluwer	,com
APMINIL	<u>-</u> 4/2//6
9. Signature. Signature	Date
Signature	· ·
Susan O'Brien	Total number of pages including cover sheet, attachments, and document:
Name of Person Signin	
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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, Alexandri RADEMARK

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REEL: 004190 FRAME: 0084

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Hotlink Incorporated ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, January 7, 2005, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on March 14, 2005 Reel 3135 Frame 0188.

Date: April 19, 2010

SILICON VALLEY BANK

Name: Margaret

Operations Manager Title:

RECORDED: 04/21/2010

TRADEMARK REEL: 004190 FRAME: 0085