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ORM PTO-1594 OMMERCE	RECORDATION FOR	OVER SHEET United States Patent and Trademark Office
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MB No. 0651-0027 (exp. 06/30	TRADEMAR	KS ONLY
To the Director of the	U.S. Patent and Trademark Office:	KS ONLY Please record the attached documents or the new address(es) below. 2. Name and address of receiving party(les):
Name of conveying party(is illcon Valley Bank	9 5);	Additional name(s) of conveying parties attached? Yes No
003 Tasman Orive anta Ciara, CA 95054		Name: GUARDIANEDGE TECHNOLOGIES, INC.
•		Internal Address
] Individual(s)	□ Association	
	☐ Limited Partnership	Street Address: 475 BRANNAN STREET SUITE 400
General Partnership	FT Fillings filmsonity	
Corporation-State		AN PANEDANOISCO
_ Other		City: SAN FRANCISCO State: CA
	ng parties attached? □Yes ☒ No	Country: USA
Additional name(s) of conveying 3. Nature of conveyance	/ Execution Date(s):	Zip: 94107
Execution Date(s): April 2	29, 2010	Association Citizenship General Partnership Citizenship
	∐Merger	Limited Partnership Citizenship
Assignment Assignment	Misi Sci	Corporation Citizenship : USA State: DE
Security Agreement	Change of Name	Other Citizenship If assignee is not domiciled in the United States, a domestic representative
		I decimation is attached: TI Yes IXI NO
Other: RELEASE	_	(Designations must be a separate document from assignment)
4. Application number(s) or	registration number(s) and identi	fication or description of the Trademark:
A. Trademark Application No 78619484	(5)	B. Trademark Registration No.(s)
C. Identification or Descript	tion of Trademark(s) (and Filing Da	ate If Application or Additional sheets attached? Yes X No
Registration Number is:	unknown):	
_		6. Total number of applications and
5. Name and address of correspondence	т рапту то млют	registrations involved: 1
concerning document:	should be mailed:	
Name: UCC Direct Services		7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$40
44000022		HXL AURIOUSED to De Augusta Astronomica
Internal Address: Attn: 14080632		Authorized to be charged to deposit account
Street Address: 187 Wolf Road, Suite 101		Enclosed
City: Albany State	8: NY ZIP: 12205	8. Payment Information:
Phone Number: 1-800-342-3676 X 4065		a. Credit Card Last 4 Numbers 5683 Expiration Date 70//2
THOUGHOUSE, 1-000-0	· •··· • • · · · ·	Expiration Date / 0//
Fax Number: 1-800-962	-7049	
		b. Deposit Account Number
Email Address: cls-uds	albany@wolterskluwer.com	Authorized User Name
9. Signature.	NY Boz	4/30//0
-	Signature	Date
-28 \	eph D Borgin	
	Name of Person Signing	sheet, attachments, and document:

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
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REEL: 004197 FRAME: 0882

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Guardianedge Technologies, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, January 23, 2006, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on March 30, 2006 Reel 3279 Frame 0693.

Date: April 29, 2010

SILICON VALLEY BANK

Name:

Margaret Fujii

Title:

RECORDED: 05/03/2010

Operations Manager

TRADEMARK REEL: 004197 FRAME: 0883