		U.S. DEPARTMENT OF
ORM P10-1594 OMMERCE	-	M COVER SHEET United States Patent and Trademark Office
2ev 07/05)	RECORDATION FOR	RM COVER SHEET DIRECT STALES FORTH AND TRACEMENT OF THE
MB No. 0651-0027 (exp. 06/30	72008) Trademar	KS ONLY
To the Director of the	U.S. Patent and Trademark Office:	Please record the attached documents or the new address(es) below. 2. Name and address of receiving party(les):
Name of conveying party(le Nicon Valley Bank	s):	Additional name(s) of conveying parties attached? Yes No
003 Tasman Drive anta Clara, CA 95054		Name: Classmates Online, Inc.
anta Ciara, CA 30004		
	T A	Internal Address:
🛄 Individual(s)	Association	Street Address: 333 Elliott Avenue West, Suite 500
General Partnership	Limited Partnership	Street Address. 555 Emoti Marian Trans.
☑ Corporation-State		
☐ Other		City: Seattle
		State: WA
Additional name(s) of conveying parties attached? ☐Yes ☒ No 3. Nature of conveyance/ Execution Date(s):		Country: USA Zip: 98119
3, Nature of conveyance execution bate(s).		
Execution Date(s): April 2	8, 2010	☐ Association Citizenship ☐ General Partnership Citizenship
☐ Assignment	Merger	☐ Limited Partnership Citizenship ☑ Corporation Citizenship : United States, WA
Security Agreement	Change of Name	Other Cltizenship 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	renistration number(s) and identi	ffication or description of the Trademark:
		B. Trademerk Registration No.(s)
A. Trademark Application No.(s)		2584325 2859283 3372057
		2690035 2706267 3475585
		2758007 2788141 3276058
		2755056 3372001 3256093
C. Identification or Descripti Registration Number is a	ion of Trademark(s) (and Filing Da unknow⊓):	
5. Name and address of party to whom		6. Total number of applications and
correspondence concerning document should be mailed:		registrations involved: 12
Name: UCC Direct Servi	ices	
Name: God Bilder on Flore		7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$315.00
Internal Address: Attn: 14080632		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: 1-800-34	42-3676 X 4065	a. Credit Card Last 4 Numbers 56^{3} Expiration Date $10/12$
Fax Number: 1-800-962-7049		b. Deposit Account Number
Email Address: cis-udsalbany@wolterskluwer.com		Authorized User Name
9. Signature. Asel D Boy		5/3/10
\/	Signature Books of Children	Date Total number of pages including cover
_J05e	Name of Person SigAing	Total number of pages including cover 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 27313-1450

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Classmates Online, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, 08/11/2008, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on 08/13/2008, Reel 3834, Frame 0922.

Dated: April 28, 2010

RECORDED: 05/03/2010

SILICON VALLEY BANK

By: Name:

Margaret Fujii

Title:

<u>Operations Manager</u>

TRADEMARK REEL: 004197 FRAME: 0905