20535
5.00 13
\$215
0

FORM PTO-1594		U.S. DEPARTMENT OF	
COMMERCE (Rev. 07/05) RECORDATION FORM COVER SHEET United States Patent and Trademark Office			
OMB No. 0651-0027 (exp. 06/30/2008) TRADEMARKS ONLY			
To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.			
1. Name of conveying party(fes): Silicon Valley Bank		Name and address of recalving party(les): Additional name(s) of conveying parties attached? ☐Yes No	
3003 Tasman Drive Santa Clara, CA 95054		Name: ENDOCARE INC	
		1-1	
☐ Individual(s)	☐ Association	Internal Address	
General Partnership	☐ Limited Partnership	Street Address: 9825 SPECTRUM DRIVE, BUILDING 3	
☐ Corporation-State			
☐ Other		City: AUSTIN	
Additional name/a) of annuacing names attached (17)/as (6) to		State: TX	
Additional name(s) of conveying parties attached? Yes No		_Country: USA Zip:	
		<u> </u>	
Execution Date(s): May 13, 2010		Association Citizenship General Partnership Citizenship	
☐ Assignment	☐Merger	Limited Partnership Citizenship	
	<u> </u>	Corporation Citizenship : USA State: DE	
Security Agreement	Change of Name	Other Citizenship If assignee is not domiciled in the United States, a domestic representative	
Other: RELEASE		designation is attached: Yes No (Designations must be a separate document from assignment)	
	egistration number(s) and identifi	cation or description of the Trademark:	
 A. Trademark Application No.(s	3)	B. Trademark Registration No.(s)	
		1320535 2133099	
		1349120 2380078 1581349 2309993	
	1 W10 10 MW	2034551 2708950	
C. identification or Description of Trademerk(s) (and Filing Date if Application or Registration Number is unknown):			
5. Name and address of party to whom		6. Total number of applications and	
correspondence concerning document should be mailed:		registrations involved: 8	
Name: UCC Direct Services			
Internal Address: Attn: 14080632		7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$ 2 15 — Authorized to be charged by credit card Authorized to be charged to deposit account	
Street Address: 187 Wolf Road, Suite 101		Enclosed Enclosed	
City: Albany State: NY ZIP: 12205		8. Payment Information:	
Phone Number: 1-800-342-3676 X 4065		a. Credit Card Last 4 Numbers 57/3	
Fax Number: 1-800-962-7049		Expiration Date 10/13	
Emeil Address: cls-udsajt	any@wolterskluwer.com	b. Deposit Account Number Authorized User Name	
9. Signature.	4 DB2	5/14/10	
	enh D. Roman	Date	
	Name of Person Signing	Total number of pages including cover sheet, attachments, and document:	
		0.000	

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 Endocare Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, October 26, 2005, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on September 18, 2007 Reel 3622 Frame 0933.

Date: May 13, 2010

SILICON VALLEY BANK

Name: Margaret4Fuji

RECORDED: 05/14/2010

Title: Operations Manager

TRADEMARK
REEL: 004207 FRAME: 0043