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FORM PTO-1594 COMMERCE	U.S. DEPARTMENT OF	
(Rev. 07/05) RECORDATION FOR	RM COVER SHEET United States Patent and Trademark Office	
OMB No. 0651-0027 (exp. 06/30/2008) TRADEMAR	RKS ONLY	
To the Director of the U.S. Patent and Trademark Office:	Please record the attached documents or the new address(es) below.]
. Name of conveying party(les): Conveying party(les): Conveying party(les): Conveying parties attached? □Yes ☑ No		
3003 Tasman Drive Santa Clara, CA 95054	Name: MAKANA SOLUTIONS INC.	
	Internal Address	
☐ Individual(s) ☐ Association		
☐ General Partnership ☐ Limited Partnership	Street Address: 50 BELLINGHAM ROAD	
☑ Corporetion-State		
☐ Other	City: CHESTNUT HILL State: MA	
Additional name(s) of conveying parties attached? ☐Yes ☒ No	Country: USA	
3. Nature of conveyance/ Execution Date(s):	Zip: 02457	
Execution Date(s): October 15, 2010	Association Citizenship	of the contraction of
☐ Assignment ☐Merger	☐ General Partnership Citizenship ☐ Limited Partnership Cltizenship ☑ 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)	
4. Application number(s) or registration number(s) and identif		1
A. Trademark Application No.(s)	[B. Trademark Registration No.(s)	
77007495	3462913	
78555680	3642384 *	
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Identification or Description of Trademark(s) (and Filing Dat Registration Number is unknown):		007495
5. Name and address of party to whom	6. Total number of applications and	
correspondence concerning document should be mailed:	registrations involved: 5	00
Name: UCC Direct Services		\$140.00
Internal Address: Attn: 14080632	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$/40— Authorized to be charged by credit card Authorized to be charged to deposit account	. О
Street Address: 187 Wolf Road, Suite 101	Enclosed	
City: Albany State: NY ZIP: 12205	8. Payment Information:	
Phone Number: 1-800-342-3676 X 4965	a. Credit Card Last 4 Numbers 57613 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. Signature		
Name of Person Signing	Total number of pages including cover sheet, attachments, and document:	
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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, Alexandria RAPEMARK

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REEL: 004303 FRAME: 0723

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Makana Solutions, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, October 15, 2008, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on November 3, 2008 Reel 3882 Frame 0207.

Date: October 15, 2010

SILICON VALLEY BANK

a behalf of Name: Title:

RECORDED: 10/25/2010

Operations Manager

TRADEMARK REEL: 004303 FRAME: 0724