

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT								
NATURE OF CONVEYANCE:	Release of Security Interest								
CONVEYING PARTY DATA									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Formerly</th> <th style="width: 20%;">Execution Date</th> <th style="width: 20%;">Entity Type</th> </tr> <tr> <td>Laminar Direct Capital, L.L.C.</td> <td></td> <td>06/17/2009</td> <td>LIMITED LIABILITY COMPANY: DELAWARE</td> </tr> </table>	Name	Formerly	Execution Date	Entity Type	Laminar Direct Capital, L.L.C.		06/17/2009	LIMITED LIABILITY COMPANY: DELAWARE	
Name	Formerly	Execution Date	Entity Type						
Laminar Direct Capital, L.L.C.		06/17/2009	LIMITED LIABILITY COMPANY: DELAWARE						
RECEIVING PARTY DATA									
Name:	Soliacx								
Street Address:	5201 Calle de Sol								
City:	Santa Clara								
State/Country:	CALIFORNIA								
Postal Code:	95054								
Entity Type:	CORPORATION: CALIFORNIA								
PROPERTY NUMBERS Total: 1									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Property Type</th> <th style="width: 20%;">Number</th> <th style="width: 60%;">Word Mark</th> </tr> <tr> <td>Registration Number:</td> <td>3196633</td> <td>SOLAICX</td> </tr> </table>	Property Type	Number	Word Mark	Registration Number:	3196633	SOLAICX			
Property Type	Number	Word Mark							
Registration Number:	3196633	SOLAICX							
CORRESPONDENCE DATA									
Fax Number:	(314)612-2326								
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>									
Phone:	3146215070								
Email:	djennings@armstrongteasdale.com								
Correspondent Name:	David Jennings								
Address Line 1:	7700 Forsyth Blvd., Ste. 1800								
Address Line 2:	Ste. 1800								
Address Line 4:	St. Louis, MISSOURI 63105								
ATTORNEY DOCKET NUMBER:	8888-1052								
NAME OF SUBMITTER:	David Jennings								
Signature:	/atl/p/dbj/								

900187233

TRADEMARK
REEL: 004503 FRAME: 0515

CH \$40.00 3196633

Date:

03/23/2011

Total Attachments: 2

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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**UCC DIRECT SERVICES
2727 ALLEN PARKWAY
HOUSTON, TX 77019
USA

DOCUMENT NUMBER: 24877370002

FILING NUMBER: 10-72307660

FILING DATE: 05/04/2010 16:03

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY**1a. INITIAL FINANCING STATEMENT FILE #**

09-7199735141

1b. This FINANCING STATEMENT AMENDMENT is to be
filed [for record] (or recorded) in the REAL ESTATE
RECORDS.**2. ☒ TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party
authorizing this Termination.**3. ☐ CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this
Continuation Statement is continued for the additional period provided by applicable law.**4. ☐ ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.**5. AMENDMENT (PARTY INFORMATION):** This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.☐ CHANGE name and/or address: Please refer to the detailed
instructions in regards to changing the name/address of a party.☐ DELETE name: Give record name to
be deleted in item 6a or 6b.☐ ADD name: Complete item 7a or 7b,
and also item 7c**6. CURRENT RECORD INFORMATION:****6a. ORGANIZATION'S NAME**

OR

6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:**7a. ORGANIZATION'S NAME**

OR

7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

7d. SEE**INSTRUCTIONS**

ADD'L DEBTOR INFO

**7e. TYPE OF
ORGANIZATION****7f. JURISDICTION
OF ORGANIZATION****7g. ORGANIZATIONAL ID#, if any**☐ NONE**8. AMENDMENT (COLLATERAL CHANGE):** check only one box.Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.**9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment
authorized by Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of
DEBTOR authorizing this amendment.**a. ORGANIZATION'S NAME**

LAMINAR DIRECT CAPITAL L.L.C.

OR

b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

CA-0-41758583

FILING OFFICE COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Corporation Service Company

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company

2730 Gateway Oaks Drive, Suite 100

Sacramento, CA 95833

USA

DOCUMENT NUMBER: 21402310002

FILING NUMBER: 09-7189735141

FILING DATE: 06/17/2009 13:35

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY**1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names**

1a. ORGANIZATION'S NAME Solaicx				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 5102 Calle Del Sol		CITY Santa Clara	STATE CA	POSTAL CODE 95054
				COUNTRY USA
1d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO	1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION CA	1g. ORGANIZATIONAL ID#, If any A0671704
				<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, If any
				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Laminar Direct Capital L.L.C.				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 20400 Stevens Creek Boulevard, Suite 850		CITY Cupertino	STATE CA	POSTAL CODE 95014
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All of the Debtor's right, title and interest, whether now existing or hereafter acquired, in and to all assets and property of the Debtor, and the proceeds and products, whether tangible or intangible, thereof.

5. ALT DESIGNATION: ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING**6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS**
Attach Addendum [if applicable]**7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)**
☐ [ADDITIONAL FEE] ☐ [optional] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2**8. OPTIONAL FILER REFERENCE DATA**

FILING OFFICE COPY