1	FORM P1O-1594	
	COMMERCE	
	(Rev. 07/05)	
į	OMR NA 0851-0027 /gvn	06/30/2008

(Rev. 07/05)	RECORDATION FOR	RM 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.					
Name of conveying party(les Silicon Valley Bank 3003 Tasman Drive	;):	2. Name and address Additional name(s) of t	of receiving party(ies): conveying parties attached?		
Santa Clara, CA 95054		Name:	Miria Systems Inc		
		Internal Address			
☐ Individual(s)	☐ Association				
General Partnership	☐ Limited Partnership	Street Address	460 E Swedesford Road STE 1080		
☐ Corporation-State-CA					
☐ Other		City:	Wayne		
Additional name(s) of conveying	nartice ottoched? [TVoc 12] No.	State: Country:	PA USA		
3. Nature of conveyance/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Zip:	JUN		
		Accordation :	Citizanahin		
Execution Date(s): 5/25/201	1		Citizenship :rship Citizenship		
☐ Assignment	☐Merger	Limited Partner	rship Citizenship		
Security Agreement	Change of Name		Citizenship: **PA** Citizenship		
LIDECULTY Agreement	Change of Name	If assignee is not dom	iciled in the United States, a domestic representative		
⊠ Other : Release		designation is attache (Designations must be	d: L_ Yes \(\text{\text{M}} \) No a a separate document from assignment)		
4. Application number(s) or registration number(s) and identification or description of the Trademark:					
A. Trademark Application No.(s)		B. Trademark Registra	ation No.(s)		
77226948					
78269268					
			W		
C. Identification or Description Registration Number is unk	of Trademark(s) (and Filing Dat (nown):	e if Application or	Additional sheets attached? Yes No		
5. Name and address of p	arty to whom		f applications and		
correspondence concerning document sho	ould be mailed:	registrations in	nvolved: 2		
Name: UCC Direct Service	95	MENON THE TRANSPORT HAND			
			FR 2.6 (b)(6) & 3.41): \$65.00		
Internal Address: Attn: 14080632			pe charged by credit card be charged to deposit account		
Street Address: 187 Wolf Road, Suite 101		Enclosed	se onaliged to deposit account		
City: Albany State: NY ZIP; 12205		8. Payment Information:			
Phone Number: 1-800-342-	3676 X 40 6 5	}	ast 4 Numbers 5083		
Fax Number: 1-800-962-7049 Email Address: cls-udsalbany@wolterskiuwer.com			Expiration Date 10/12		
		b. Deposit Account Authorized Use			
(Mn an L	71/2	A A A A A A A A A A A A A A A A A A A	E1251.		
9, Signature.	MAN	www.gg-q-q-q-q-q-a-a-a-a-a-a-a-q-a-q-a-a-a-a	7/d5/11		
Michalla Llores Son					
11116116	Name of Person Signing		el number of pages including cover set, attachments, and document: 3		

TRADEMARK 700463721 **REEL: 004549 FRAME: 0786**

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Miria Systems, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, December 31, 2007, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on December 4, 2008, Reel 3899, Frame 0718.

May 25, 2011

SILICON VALLEY BANK

Name: Romil Randhawa
Title: Operations Manager

TRADEMARK REEL: 004549 FRAME: 0787

RECORDED: 05/25/2011