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URM P1 U-1594	U.S. DEPARIMENT OF
OMMERCE Rev. 07/05) RECORDATION FORM	W COVER SHEET United States Patent and Trademark Office
DMB No. 0651-0027 (exp. 06/30/2008)	
To the Director of the U.S. Petent and Trademark Office: P	riease record the attached documents or the new address(es) below.
. Name of conveying party(ies): illicon Valley Bank 003 Tasman Drive	2. Name and address of receiving party(ies): Additional name(s) of conveying parties attached? ☐Yes ☒ No
anta Clara, CA 95054	Name: Janis Group, Inc., The
	Internal Address:
☐ Individual(s) ☐ Association	
General Partnership Limited Partnership	Street Address: 201 West Passaic Street
☑ Corporation-State: CA	
Other	City: Rochelle Park State: NJ
Additional name(s) of conveying parties attached? 🗆 Yes 🗵 No	Country: USA
B. Nature of conveyance/ Execution Date(s):	Zip: 07662
Execution Date(s): July 15, 2011	Association Citizenship General Partnership Citizenship
Assignment Merger	Limited Partnership Citizenship
	☐ Corporation Citizenship : United States, New Jersey
Security Agreement Change of Name	Other Citizenship If assigned is not domiciled in the United States, a domestic representative
☑ Other : <b>Release</b>	designation is attached:  Yes  No (Designations must be a separate document from assignment)
<ul> <li>Application number(s) or registration number(s) and identific</li> </ul>	
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
75536930	2030008
7,700	2212821
	2432168
C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):  Additional sheets attached? ☐ Yes ☒ No	
5. Name and address of party to whom	6. Total number of applications and
correspondence concerning document should be malled:	registrations involved: 4
•	
Name: UCC Direct Services	
Internal Address: Attn: 14080632	7. Total fee (37 CFR 2.6 (b)(6) & 3.41); \$ 115.00
memai radiess. Atti. 14000052	Authorized to be charged by credit card  Authorized to be charged to deposit account
Street Address: 187 Wolf Road, Suite 101	Enclosed
City: Albany . State: NY ZIP: 12205	8. Payment Information:
Phone Number: 1-800-342-3676 X 4065	a. Credit Card Last 4 Numbers 5683
Cau Alumban 4 000 000 70 10	Expiration Date / 0/12
Fax Number: 1-800-962-7049	b. Deposit Account Number
mail Address: cls-udsalbeny@woiterskluwer.com	Authorized User Name
1/1/02/-	**************************************
9. Signature. 7/20/11	
Signature	Date
Joseph U Borgman	Total number of pages including cover
Name of Person Signing	sheet, attachments, and document:
Documents to be recorded (including cover sh 700467829 Assignment Recordation Services, Director	neet) should be faxed to (571) 273-0140, or mailed to Mail of the USPTO, P.O. Box 1255 Elexand 45882FRAME: 0612

## RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of **The Janis Group, Inc.** ("Assignor") in the trademarked works set forth in that certain **Intellectual Property Security Agreement** dated, <u>10/08/2002</u>, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on <u>10/15/2002</u>, Reel <u>2561</u>, Frame <u>0572</u>.

Dated: July 15, 2011

SILICON VALLEY BANK

Name: Romil Randhawa
Title: Operations Manager

TRADEMARK REEL: 004588 FRAME: 0613

RECORDED: 07/20/2011