FORM P10-1594	
(Rev. 07/05)	U.S. DEPARIMENT OF
OMB No. 0651-0027 (exp. 06/30/2008)	ORM COVER SHEET United States Patent and Trademark Office
To the Director of the U.S. Patent and Tradement Office	ARKS ONLY B: Please record the attached documents or the new address(es) below.
Name of conveying party(les):	e. Please record the attached documents or the new address(es) below.
Silicon Valley Bank 3003 Tasman Drive	2. Name and address of receiving party(les): Additional name(s) of conveying parties attached? □Yes ☒ No
Santa Ciara, CA 95054	
	Name: Starcite, Inc.
	Internal Address:
Individual(s)	
General Partnership Limited Partnership	Street Address: 1600 Market Street
☐ Corporation-State: CA	
☐ Other	
	City: Philadelphia
Additional name(s) of conveying parties attached? ☐Yes ☒ No	State: PA Country: USA
3. Nature of conveyance/ Execution Date(s):	Zip: 19103
1	miles are 1 Arts
Execution Date(s): February 1, 2012	☐ Association Citizenship
☐ Assignment ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	General Partnership Citizenship
LI Assignment ☐Merger	Limited Partnership Citizenship
Security Agreement	Corporation Citizenship : United States, Delaware
	Other Citizenship If assignee is not domiciled in the United States, a domestic representative
☑ Other: Release	Local Attention to producing the Laboratory (NV)
4. Application number(s) or registration number(s) and identif	
The identity of tagion action multiper(s) and identity	ication or description of the Trademark:
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
	3410502
C. Identification or Description of Trademark(s) (and Filing Date Registration Number is unknown):	e if Application or Additional sheets attached? Yes No
5. Name and address of party to whom	6 Total number of anni-
correspondence	6. Total number of applications and registrations involved: 1
concerning document should be mailed:	
Name: UCC Direct Services	1784
A comment of the same	7 Tatal for 107 OFF of 5
internal Address: Attn: 14080632	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$ 40.00
***	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: <b>1-800-342-3676 X 4065</b>	a. Credit Card Last 4 Numbers /640
ax Number: 1-800-962-7049	Expiration Date /0//3
mail Address: cls-udsalbany@wolterskjuwer.com	b. Deposit Account Number Authorized User Name
. Signature. July 13	- 2/2/12
Joseph Doran	Date
Vascph Dorgu Name of Person Signing	Total number of pages including cover
	sheet, attachments, and document:
Documents to be recorded Gode dis-	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Ston Assignment Recordation Services Director of the USPTO P.O. Rox 1450. Alexandi RADEMARK

REEL: 004710 FRAME: 0980

## RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Starcite, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, 02/03/2009, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on 02/23/2009, Reel 3940, Frame 0646.

Dated: February 1, 2012

SILICON VALLEY BANK

Name:

**RECORDED: 02/02/2012** 

Margaret Fujii

Title: Agency Services Manager

TRADEMARK REEL: 004710 FRAME: 0981