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FORM P10-1594	U.S. DEPARTMENT OF
COMMERCE (Rev. 07/05) RECORDATION FOR	M COVER SHEET United States Patent and Trademark Office
OMB No. 0651-0027 (exp. 06/30/2008)	
TRADEMAR To the Director of the U.S. Retent and Trademark Office.	KS ONLY Please record the attached documents or the new address(es) below.
1. Name of conveying party(ies):	2. Name and address of receiving party(ies):
Silicon Valley Bank	Additional name(s) of conveying parties attached? □Yes ☑ No
3003 Tasman Drive Santa Clara, CA 95054	Name: Imemories Inc.
Santa Giara, CA 30054	Name. Imemories inc.
,	Internal Address:
☐ Individual(s) ☐ Association	
General Partnership Limited Partnership	Street Address: 9181 E. Bell Road Ste. 101
Control Parties sinp	Suect Address, 9101 E. Bell Road Ste. 101
☑ Corporation-State: CA	
☐ Other	City: Scottsdale
hand of his act	State: AZ
Additional name(s) of conveying parties attached? Yes No	Country: USA
3. Nature of conveyance/ Execution Date(s):	Zip: 85260
m	
Execution Date(s): August 10, 2012	Association Citizenship
Assignment	General Partnership Citizenship Limited Partnership Citizenship
	Corporation Citizenship : United States, Delaware
Security Agreement	Other Citizenship
	If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes 🔯 No
☑ Other: Release	(Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and identific	eation or description of the Trademark;
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
A. Haddinark Application (10.(3)	a. Raderialik Registration No.(s)
	3452187
· · · · · · · · · · · · · · · · · · ·	3555877
34.4	
C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):	
5. Name and address of party to whom	6. Total number of applications and
correspondence	registrations involved; 2
concerning document should be mailed:	
Name: UCC Direct Services	TO THE PARTY OF TH
Name. Occ pirect services	T #24-14-2 (OT OFF O O //)(A) D O 44) A D D O
Internal Address: Attn: 14080632	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$ 65.00 Authorized to be charged by credit card
111017001710000.1111171, 1700000	Authorized to be charged by creoit 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 16 40
·	Expiration Date /0/13
Fax Number: 1-800-962-7049	LAPINATION BAILS 1 7 7 3
Email Address: cis-udsalbany@wolterskluwer.com	b. Deposit Account Number Authorized User Name
	TOTAL CONTROL OF THE PARTY OF T
9. Signature.	8-13-12
Signature	Date
_ Joseph D Borgma	Total trained of bedde trained boxes
Name of Person Signing	sheet, attachments, and document:

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, VA 22313-1450

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Imemories Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, <u>02/25/2009</u>, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on <u>07/29/2009</u>, Reel <u>3729</u>, Frame <u>0666</u>.

Dated: August 10, 2012

SILICON VALLEY BANK

Name: Margaret Fuji

RECORDED: 08/13/2012

Title: Agency Service-Manager

TRADEMARK REEL: 004840 FRAME: 0990