

4/29/13
RE 103657240

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Form PTO-1594 (Rev. 12-11)
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To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

PNC BANK NATIONAL ASSOCIATION

- Individual(s)
- Partnership
- Corporation- State: _____
- Other _____
- Association
- Limited Partnership

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance/Execution Date(s) :

Execution Date(s) ~~_____~~ 4/8/13

- Assignment
- Security Agreement
- Other TRADEMARK RELEASE
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: ARRIVA MEDICAL LLC C/O Joseph R. Englander

Street Address: 200 East Broward Blvd

City: Fort Lauderdale

State: Florida

Country: USA Zip: 33301

- Individual(s) Citizenship _____
- Association Citizenship _____
- Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship _____
- Other Limited Liability Co Citizenship Florida

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be 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) _____ Text _____

B. Trademark Registration No. (s) _____

serial# 85339161 Reel/frame004569/0180 filing date 6/6/2011
recorded date 6/24/2011

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Nadine McCrary

Internal Address: Mail Stop BR-YB58-01-M

Street Address: 6750 Miller Road

City: Brecksville

State: Ohio Zip: 44141

Phone Number: 440 546-7427

Docket Number: _____

Email Address: nadine.mccrary@pnc.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number _____

Authorized User Name _____

9. Signature: Amanda Haddock
Signature

4-30-13
Date

Amanda Haddock

Name of Person Signing

Total number of pages including cover sheet, attachments, and document:

7

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450



PNC Bank, N.A.
6750 Miller Road
Mail Stop:BR-YB58-01-M
Brecksville, OH 44141

April 30, 2013

Assignment Recordation Services
Director of the USPTO
PO BOX 1450
Alexandria VA 22313-1450

To Whom It May Concern:

Debtor, Arriva Medical LLC has discharged all of its obligations with PNC Bank, National Association; therefore PNC Bank National Association hereby releases the Trademarks set forth on the attached documents.

Thank you,

A handwritten signature in black ink that reads "Amanda Haddox". The signature is written in a cursive, flowing style.

Amanda Haddox
Officer
Collateral Management
Lending Services
PNC Bank, National Association
159927