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FORM PTG-1894	M COVER SHEET 1 States Patent and Trademark Office
(Rev. 07/05) (CORDATION FOR	M COVER SHEET (3 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:	
1. Name of conveying party(les): Sliicon Valley Bank	2. Name and address of receiving party(les): Additional name(s) of conveying parties attached? ☐ Yes ☒ No
3003 Tasman Drive Santa Clara, CA 95054	Name: Glow Networks, Inc.
	Internal Address:
☐ Individual(s) ☐ Association	
☐ General Partnership ☐ Limited Partnership	Street Address: 2140 Lake Park Blvd, Suite 113
☑ Corporation-State: CA	
☐ Other	City: Richardson State: TX
Additional name(s) of conveying parties attached? ☐Yes ☑ No	Country: USA
3. Nature of conveyance/ Execution Date(s):	Zip: 78080
Execution Date(s): June 7, 2013	Association Citizenship
Assignment	General Partnership Citizenship Limited Partnership Citizenship
<u></u>	Corporation Citizenship : United States, Delaware
Security Agreement	Ofher Citizenship If assigned is not domiciled in the United States, a domestic representative
IVI Catalana - Dallamara	designation is attached: Yes No (Designations must be a separate document from assignment)
Other: Release 4. Application number(s) or registration number(s) and identification number(s).	
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
A. Trademark Application (40.45)	
76085120 76112637	
76085121	
76085122	
76112636	
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 correspondence	6. Total number of applications and registrations involved: 5
concerning document should be mailed:	
Name: UCC Direct Services	The state of the s
Internal Address: Attn: 14080632	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$ 140.00 Authorized to be charged by credit card
Street Address: 187 Wolf Road, Suite 101	Authorized to be charged to deposit account Enclosed
City: Albany State: NY ZIP: 12205	8. Payment Information:
Phone Number: 1-800-342-3676 X 4065	a. Credit Card Last 4 Numbers 18-68
	a. Credit Card Last 4 Numbers /8-68 Expiration Date 6-15
Fax Number: 1-800-962-7049	b. Deposit Account Number
Email Address: cls-udsalbany@wolterskluwer.com	Authorized User Name
9. Signature D	6-10-13
Signature	Date
Joseph D Borgman Name of Person Signing	Total number of pages including cover sheet, attachments, and document:
1	

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, Alexander DEWARK 450

700506298 REEL: 005059 FRAME: 0709

RELEASE OF SECURITY AGREEMENT GOVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Glow Networks, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, 03/06/2001, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on 07/17/2001, Reel 2332, Frame 0155.

Dated: June 7, 2013

SILICON VALLEY BANK

Name: Romil Randhawa

RECORDED: 06/10/2013

Title: Senior Operations Manager

TRADEMARK REEL: 005059 FRAME: 0710