


Client Code: OSEON.UCC3

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director, U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): (List using letters or numbers for multiple parties)</p> <p style="text-align: center;">KNOBBE, MARTENS, OLSON & BEAR, LLP</p> <p>() Individual () General Partnership () Association () Limited Partnership (X) Other: California () Corporation of: Limited Liability Partnership</p> <p>Additional name(s) of conveying party(ies) attached? () Yes (X) No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: OSSEON THERAPEUTICS, INC. Internal Address: Street Address: 2330 CIRCADIAN WAY City: SANTA ROSA State: CA ZIP: 92614</p> <p>() Individual () General Partnership () Association () Limited Partnership () Other: (X) Corporation of: CA</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: () Yes (X) No Additional name(s) and address(es) attached? () Yes (X) No</p>
<p>3. Nature of conveyance:</p> <p>() Assignment () Security Agreement () Merger () Change of Name (X) Other: Security Interest Termination</p> <p>Execution Date: (List as in section 1 if multiple signatures) FEBRUARY 7, 2014</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s):</p> <p>b. Trademark Registration No(s): 3796184</p> <p>Additional numbers attached? (X) Yes () No</p>
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p>Customer No. 20,995 Address: Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614 Return Fax: (949) 760-9502 Attorney's Docket No.: OSEON.UCC3</p>	<p>6. Total number of applications and registrations involved: 7</p> <p>7. Total fee (37 CFR 1.21(h)): \$190.00 (X) Authorized to be charged to deposit account</p>
<p>8. Deposit account number: 11-1410</p> <p>Please charge this account for any additional fees which may be required, or credit any overpayment to this account.</p>	
<p>9. Statement and signature.</p> <p>To the best of my knowledge and belief, the foregoing information is true and correct, and any attached copy is a true copy of the original document.</p> <p>STEVEN J. NATAUPSKY <u></u> <u>2/28/14</u> Name of Person Signing Signature Date</p> <p style="text-align: center;">Total number of pages including cover sheet, attachments and document: 3</p>	

recpay.opt
RECORDTM

CH \$190.00 111410 3796184

700514617

TRADEMARK
REEL: 005227 FRAME: 0825

<u>Case No.</u>	<u>Trademark Name:</u>	<u>Application No.</u>	<u>Filing Date:</u>	<u>Reg Date:</u>	<u>Reg No:</u>
OSEON.007T	OSSEON	77/381181	1/25/2008	6/1/2010	3796184
OSEON.008T	OSSEOFLEX	77/425374	3/18/2008	4/6/2010	3772290
OSEON.009T	OSSEOPLASTY	77/381194	1/25/2008	11/8/2011	4053335
OSEON.010T	OSSEOPERM	77/425421	3/18/2008	3/30/2010	3768156
OSEON.025T	OSSEOFLEX DR	85/013561	4/14/2010	11/8/2011	4053694
OSEON.026T	OSSEON	85/013539	4/14/2010	11/23/2010	3879888
OSEON.028T	OSSEOFLEX	85/013581	4/14/2010	11/23/2010	3879891

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] MICHELL T DO (949) 760-0404				DOCUMENT NUMBER: 4151880002 FILING NUMBER: 14-73986094 FILING DATE: 02/07/2014 13:27 IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY			
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614 USA							
1a. INITIAL FINANCING STATEMENT FILE # 12-7334957172				1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination.							
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.							
4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.							
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these. Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c							
6. CURRENT RECORD INFORMATION:							
6a. ORGANIZATION'S NAME							
OR							
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:							
7a. ORGANIZATION'S NAME							
OR							
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
7c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
7d. <u>SEE INSTRUCTIONS</u>	ADD'L DEBTOR INFO	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE			
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.							
9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this amendment.							
a. ORGANIZATION'S NAME Knobbe, Martens, Olson & Bear, LLP							
OR							
b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
10. OPTIONAL FILER REFERENCE DATA OSEON - UCC3							

FILING OFFICE COPY

RECORDED: 03/03/2014

TRADEMARK
REEL: 005227 FRAME: 0827