OP \$490.00 8535718

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM326492

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Assignment of Security Interest

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
MidCap Financial, LLC, as agent		09/13/2012	LIMITED LIABILITY COMPANY: DELAWARE

RECEIVING PARTY DATA

Name:	MidCap Funding IV, LLC, as agent
Street Address:	7255 Woodmont Avenue
Internal Address:	Suite 200
City:	Bethesda
State/Country:	MARYLAND
Postal Code:	20814
Entity Type:	CORPORATION: DELAWARE

PROPERTY NUMBERS Total: 19

Property Type	Number	Word Mark
Serial Number:	85357185	ONCONET
Serial Number:	85357199	ONCOADVOCATE
Serial Number:	85357565	ONCOPATHS
Serial Number:	85357576	ONCOPA
Serial Number:	85397738	ONCOMAC
Serial Number:	85462566	ONCOMETRICS
Serial Number:	85468115	ONCOASK
Serial Number:	85468143	ONCORX
Serial Number:	85468151	ONCODOSE
Serial Number:	85468164	ONCOCENTRAL
Serial Number:	85468174	ONCOCARES
Serial Number:	85612173	TRANSPLANT360
Serial Number:	85612220	TRANSPLANTCARE360
Serial Number:	85636922	MS360
Serial Number:	85638282	MS-MTM
Serial Number:	85639049	MS-PATHS
Serial Number:	85639054	MS-DOSE
Serial Number:	85639056	MS-METRICS
		TRADEMARK

900310391 REEL: 005422 FRAME: 0018

TRADEMARK

Property Type	Number	Word Mark
Serial Number:	85639060	MS-ADVOCATE

CORRESPONDENCE DATA

Fax Number: 6157263575

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 615-244-5200

Email: jennifer.kovalcik@stites.com
Correspondent Name: Stites & Harbison PLLC
Address Line 1: 401 Commerce Street

Address Line 2: Suite 800

Address Line 4: Nashville, TENNESSEE 37219

ATTORNEY DOCKET NUMBER:	PH062/000PH
NAME OF SUBMITTER:	Francine M VanAelst
SIGNATURE:	/Francine VanAelst/
DATE SIGNED:	12/18/2014

Total Attachments: 1

source=MidCap Financial Assignment#page1.tif

TRADEMARK REEL: 005422 FRAME: 0019

CC FINANCING STATEMENT AMENDMENT LOW INSTRUCTIONS (front and back) CARFULLY NAME & PROJECT CONTACT AT FILER (potrons) OBJUSTIC CONTACT AT FILER (potrons) OBJUSTIC CONTACT AT FILE	x Server	9/13/2012 8:	:41:35 AM PAGE	3/012	Fax Serve	Ľ
LOW INSTRUCTIONS (from and sales of CARREPLILY NAME & PHONE CONTROL AT IERR polytons) NAME & PHONE CONTROL AT IERR polytons) The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTER FIRANCING STATEMENT FILE # O1 2008/09880413 8/30/2012 INTER ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTER FIRANCING STATEMENT FILE # O1 2008/09880413 8/30/2012 INTER FI		Control Contro				
LOW INSTRUCTIONS (from and sales of CARREPLILY NAME & PHONE CONTROL AT IERR polytons) NAME & PHONE CONTROL AT IERR polytons) The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTER FIRANCING STATEMENT FILE # O1 2008/09880413 8/30/2012 INTER ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTER FIRANCING STATEMENT FILE # O1 2008/09880413 8/30/2012 INTER FI						
LOW INSTRUCTIONS (from and sales of CARREPLILY NAME & PHONE CONTROL AT IERR polytons) NAME & PHONE CONTROL AT IERR polytons) The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTER FIRANCING STATEMENT FILE # O1 2008/09880413 8/30/2012 INTER ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTER FIRANCING STATEMENT FILE # O1 2008/09880413 8/30/2012 INTER FI						
LOW INSTRUCTIONS (from and sales of CARREPLILY NAME & PHONE CONTROL AT IERR polytons) NAME & PHONE CONTROL AT IERR polytons) The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTER FIRANCING STATEMENT FILE # O1 2008/09880413 8/30/2012 INTER ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTER FIRANCING STATEMENT FILE # O1 2008/09880413 8/30/2012 INTER FI						
LOW INSTRUCTIONS (from and sales of CARREPLILY NAME & PHONE CONTROL AT IERR polytons) NAME & PHONE CONTROL AT IERR polytons) The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTER FIRANCING STATEMENT FILE # O1 2008/09880413 8/30/2012 INTER ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTER FIRANCING STATEMENT FILE # O1 2008/09880413 8/30/2012 INTER FI	0 500 400000 0747	ENERT ARECRIDATE	NIT			
Comportation Service Company 1-800-858-5294						
Filed In: New York (S.O.S.) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				1812	2012 9	FP 12 AM
Filed In: New York (S.O.S.) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FRANCING STATEMENT FILE # 01208309380413 8/30/2012 TECHNINATION: Endutives of the Financing Statement identified above is terminated with respect to security interedity of the Secured Party authorizing this receiption in their Real LESTANCE CHORGES. TECHNINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interedity of the Secured Party authorizing this receiption Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interedity of the Secured Party authorizing this Confinuation Statement. AMENDMENT (PARTY INFORMATION): This Amendment affects before a feature of the statement assagance in items. AMENDMENT (PARTY INFORMATION): This Amendment affects before a feature in items to active the statement of th					2012 0	LI IS AN S
Filed In: New York (S.O.S.) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTIAL FINANCING STATEMENT FILE # OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTIAL FINANCING STATEMENT AMENOMENT for 10 to 5s flat (file record) or recorded in the 10 to 5s flat (file record) or recorded in 10 to 5s flat (file	SEND ACKNOWLEDGMENT TO:	(Name and Address)				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	69515715 - 375630					
INTIME RENANCING STATEMENTFILE # 01208305980413 8/30/2012	CSC 50 DRAWDOV	WN				
INTIME FINANCING STATEMENT FILE # 01208305980413 8/30/2012						
INTIAL FINANCING STATEMENTFILE # 01208305980413 8/30/2012						
INTIME FRANCING STATEMENT FILE # 01208305980413 8/30/2012	1	Filed In May Va	rlc (0 0 0)			
In the FinAncino STATEMENT FILE#	L.	Filed III. New 10	` ——11	HE ABOVE SPACE IS	FOR FILING OFFICE U	JSE ONLY
TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interestic) of the Secured Party subticiting this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interestic) of the Secured Party subticiting this Termination Statement is continued for the additional period provided by applicable law. ASSIGNIMENT (field or partial): Over name of easignees in term 7 or 7b and address of assignees in term 7c. and also give name of easignee in item 0. AMENDMENT (PARTY INFORMATION): This Amendment attricts	INITIAL FINANCING STATEMENT FIL	E#			This FINANCING STATEM	ENT AMENDMENT is
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Parky authorizing this Continuation Statement is Continuation for the additional period provided by applicable law. ### ASSIGNMENT (flut or partial): 94 we can and enabligate in them 7 or 75 and address of assignee in liters 7; and also give name of assigner in item 9. ### ASSIGNMENT (flut or partial): 94 we can and enablines in them 7 or 75 and address of assignee in liters 7; and also give name of assigner in item 9. ### ASSIGNMENT (flut or partial): 94 we can and enablines in them 7 or 75 and address of assignee in liters 7; and also give name of assigner in item 9. ### ASSIGNMENT (flut or partial): 94 we can and enables of a service and a service of name of the following three boxes and provide a proposite information in items 8 and/or 7; or 10 cm 10 c	01208305980413 8/30/20	12				
AMENDMENT (PARTY INFORMATION:		<u> </u>				
AME OF SECURED PARTY or RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Amendment affects Debtor x Secured Party of record. Check only gag of these two bows. Also chark gag of the following three boxes again provide appropriate information in items 8 and/or 7. CHANGE and activated the following three boxes again provide appropriate information in items 8 and/or 7. CHANGE and activated the following three boxes again provide appropriate information in items 8 and/or 7. CHANGE AND			bove with respect to security interest	(s) of the Secured Party	authorizing this Continuation	Statement is
AME OF SECURED PARTY or RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment affect is and proceeds thereof.	ASSIGNMENT (full or partial): G	ive name of essionee in item 7a or 7b an	d address of assignee in item 7c; and	also give name of assign	or in item 9.	
CHANGED (NEW) OR ADDED INFORMATION: Ge. ORGANIZATION'S NAME MIDDLE NAME SUFFIX Th. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX Th. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX Th. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX Th. INDIVIDUAL'S LAST NAME SUFFIX TH. INDIVIDUAL'S LAST NAME TH. INDIVIDUAL'S LAST NAME SUFFIX TH. INDIVIDUAL'S LAST						·
Interest to changing the name ded decessed party To be deleted in Item 9s of 9b. Interest Item 2s of 9b. Item 2s						
Su. ORGANIZATION'S NAME MIDCLE NAME SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME MIDCLE NAME MIDCLE NAME MIDCLE NAME MIDCLE NAME MIDCLE NAME SUFFIX MAILLING ADDRESS 7255 WOODMONT Avenue, Suite 200 CITY Bethesda ADDLINFOR RE To. TYPEOF ORGANIZATION DE AMENDMENT (COLLATERAL CIANGE): check only one box. Describe collateral detected of added, or give entire pertained and all products and proceeds thereof. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing better and or if this is a Termination authorized by a Debtor, check here and or other name of DEBTOR authorizing this Amendment. Successful and order name of DEBTOR authorizing this Amendment. Successful and order name of DEBTOR authorizing this Amendment. Successful and order name of DEBTOR authorizing this Amendment. Successful and order name of DEBTOR authorizing this Amendment.					ADD name; Complete item 7a also comolete items 7e-7o (if ar	or 7b, and also item 7c; policable).
CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME MIDCLE NAME MIDDLE NAME SUFFIX Tb. INDIVIDUAL'S LAST NAME MIDCLE NAME SUFFIX Tb. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX MAILING ADDRESS 72.55 Woodmont Avenue, Suite 200 CITY Bethesda MIDDLE NAME SUFFIX MAILING ADDRESS 72.55 Woodmont Avenue, Suite 200 CITY Bethesda MIDDLE NAME POSTAL CODE MIDDLE NAME VISA ADDLINFORE Th. TYPE OF ORGANIZATION Th. JURISDICTION OF ORGANIZATION DEBTOR LLC USA MIDDLE NAME POSTAL CODE MIDDLE NAME VISA VISA ADDLINFORE Th. TYPE OF ORGANIZATION Th. JURISDICTION OF ORGANIZATION DEBTOR LLC USA AMENDMENT (COLLAT ERAL CHANGE): check only gas box. Describe collateral detelled or added, or give entire restated collateral description, or describe collateral assigned. It says a Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. Sa. ORGANIZATION'S NAME MIdCap Financial, LLC, as agent						
CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME MIdCap Funding IV, LLC, as agent Tb. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX MAILING ADDRESS 7255 Woodmont Avenue, Suite 200 GITY Bethesda MD 20814 USA ADDL INFO RE 76, TYPEOF ORGANIZATION DEBTOR LLC DICTIONAL COLLAR LLC	IR ORGANIZATION'S MAME A 4! J	Can Financial III Cana	~~~4			
Tail Organizations name MidCap Funding IV, LLC, as agent	8a. ORGANIZATION'S NAME MIC	Cap Financial, LLC, as a	gent			
Ta. ORGANIZATION'S NAME MIDDLE NAME MIDDLE NAME SUFFIX		Cap Financial, LLC, as a		MID	DLENAME	SUFFIX
This individual's Last name Middle Name		Cap Financial, LLC, as a		MID	DLENAME	SUFFIX
MAILING ADDRESS 7255 Woodmont Avenue, Suite 200 Bethesda MD 20814 USA ADDLINFO RE 70. TYPE OF ORGANIZATION TJ. JURISDICTION OF ORGANIZATION DEBTOR LLC DEBTOR LLC DEBTOR LLC DEBTOR LLC DEBTOR LLC DEBTOR DEBTO	BB. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO	DRMATION:	FIRSTNAME	MID	DLE NAME	SUFFIX
Bethesda ADDL INFO RE ORGANIZATION DE AMENDMENT (COLLATERAL CHANGE): check only our box. Describe collateral delebed or added, or give entire restated collateral description, or describe collateral assigned. I assets of Debtor now owned or hereafter acquired and all products and proceeds thereof. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. Bea. ORGANIZATION'S NAME MIdCap Financial, LLC, as agent	BB. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO	DRMATION:	FIRSTNAME	MID	DLE NAME	SUFFIX
Bethesda ADDLINFORE ORGANIZATION DE DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral detelled or added, or give entire restated collateral description, or describe collateral assigned. assats of Debtor now owned or hereafter acquired and all products and proceeds thereof. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. Ba. ORGANIZATION'S NAME MIdCap Financial, LLC, as agent	8b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO 7a. ORGANIZATION'S NAME MIC	DRMATION:	FIRST NAME agent			
ADDLINFO RE 176, TYPEOFORGANIZATION DEBTOR LLC AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral sassigned. I assets of Debtor now owned or hereafter acquired and all products and proceeds thereof. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Tormination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. Ba. ORGANIZATION'S NAME MidCap Financial, LLC, as agent	0b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO 7a. ORGANIZATION'S NAME MIC	DRMATION:	FIRST NAME agent			
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral sassigned. It assets of Debtor now owned or hereafter acquired and all products and proceeds thereof. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a 1 authorizing Debtor, or if this is a 2 authorizing Debtor, or if this is a 3 and enter name of DEBT OR authorizing this Amendment. 9a. ORGANIZATION'S NAME MIdCap Financial, LLC, as agent	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO 7a. ORGANIZATION'S NAME MID 7b. INDIVIDUAL'S LAST NAME	PRMATION: Cap Funding IV, LLC, as	agent FIRST NAME O CITY	MID	DLE NAME	SUFFIX
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. I assets of Debtor now owned or hereafter acquired and all products and proceeds thereof. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME MIdCap Financial, ELC, as agent	8b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO 7a. ORGANIZATION'S NAME MID 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO	EXMATION: Cap Funding IV, LLC, as oddered a	FIRST NAME FIRST NAME O CITY Bethesda	MID STA M	DLE NAME	SUFFIX
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. I assets of Debtor now owned or hereafter acquired and all products and proceeds thereof. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	8b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO 7a. ORGANIZATION'S NAME MID 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ	ORMATION: Cap Funding IV, LLC, as odmont Avenue, Suite 20	FIRST NAME agent FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN	MID STA M	DLE NAME	SUFFIX
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME MIdCap Financial, LLC, as agent	8b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO 7a. ORGANIZATION'S NAME MID 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZATION	DRMATION: Cap Funding IV, LLC, as Disconting IV, LLC, as Disconting IV, LLC, as Disconting IV, LLC, as	FIRST NAME agent FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN	MID STA M	DLE NAME	SUFFIX
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME MidCap Financial, LLC, as agent	8b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO 7a. ORGANIZATION'S NAME MID 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL CH	DEMATION: Cap Funding IV, LLC, as Demont Avenue, Suite 20 FORE TO TYPE OF ORGANIZATION LLC HANGE): check only one box.	FIRST NAME agent FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE	STA M IZATION	DLE NAME	SUFFIX
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME MidCap Financial, LLC, as agent	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MID Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL CI Describe collateral deleted or deleted	DRMATION: Cap Funding IV, LLC, as Description of the control of t	FIRST NAME FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE	MID STA MI IZATION ral X assigned,	DLE NAME	SUFFIX
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME MidCap Financial, LLC, as agent	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MID Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL CI Describe collateral deleted or deleted	DRMATION: Cap Funding IV, LLC, as Description of the control of t	FIRST NAME FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE	MID STA MI IZATION ral X assigned,	DLE NAME	SUFFIX
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME MidCap Financial, LLC, as agent	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MID Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL CI Describe collateral deleted or deleted or deleted.)	DRMATION: Cap Funding IV, LLC, as Description of the control of t	FIRST NAME FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE	MID STA MI IZATION ral X assigned,	DLE NAME	SUFFIX
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME MidCap Financial, LLC, as agent	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MID Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL CI Describe collateral deleted or deleted or deleted.)	DRMATION: Cap Funding IV, LLC, as Description of the control of t	FIRST NAME FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE	MID STA MI IZATION ral X assigned,	DLE NAME	SUFFIX
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME MidCap Financial, LLC, as agent	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MID Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL CI Describe collateral deleted or deleted or deleted.)	DRMATION: Cap Funding IV, LLC, as Description of the control of t	FIRST NAME FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE	MID STA MI IZATION ral X assigned,	DLE NAME	SUFFIX
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME MidCap Financial, LLC, as agent	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MID Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL CI Describe collateral deleted or deleted or deleted.)	DRMATION: Cap Funding IV, LLC, as Description of the control of t	FIRST NAME FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE	MID STA MI IZATION ral X assigned,	DLE NAME	SUFFIX
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME MidCap Financial, LLC, as agent	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MID Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL CI Describe collateral deleted or deleted	DRMATION: Cap Funding IV, LLC, as Description of the control of t	FIRST NAME FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE	MID STA MI IZATION ral X assigned,	DLE NAME	SUFFIX
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME MidCap Financial, LLC, as agent	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MID Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL CI Describe collateral deleted or deleted	DRMATION: Cap Funding IV, LLC, as Description of the control of t	FIRST NAME FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE	MID STA MI IZATION ral X assigned,	DLE NAME	SUFFIX
9a. ORGANIZATION'S NAME MIdCap Financial, LLC, as agent	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MICH Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL CHOSCIPPO COLLATERAL CHOSCIPPO COLLATE	DEMATION: Cap Funding IV, LLC, as odmont Avenue, Suite 200 FORE TO TYPEOFORGANIZATION LLC HANGE): check only one box. added, or give entire restated collar or hereafter acquired and all pr	FIRST NAME FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE teral description, or describe collate roducts and proceeds thereo	MID STA M IZATION ral X assigned.	DLE NAME ATE POSTAL CODE D 20814	COUNTRY
	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MICH Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL C) Describe collateral deleted or lassests of Debtor now owned	Cap Funding IV, LLC, as commont Avenue, Suite 200 commont avenue, Suit	FIRST NAME FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE teral description, or describe collate roducts and proceeds thereo	MID STA MI IZATION ral X assigned,	DLE NAME ATE POSTAL CODE D 20814	SUFFIX COUNTRY USA
96. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO TA. ORGANIZATION'S NAME MID Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOC ADDL INFORGANIZ DEBTOR AMENDMENT (COLLATERAL CI- Describe collateral deleted or assets of Debtor now owned) I assets of Debtor now owned NAME OF SECURED PARTY of adds collateral or adds the authorizing of adds the authorizing o	DEMATION: Cap Funding IV, LLC, as Debtor, or if this is a Termination authorized.	FIRST NAME agent FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE teral description, or describe collate roducts and proceeds thereo	MID STA MI IZATION ral X assigned,	DLE NAME ATE POSTAL CODE D 20814	SUFFIX COUNTRY USA
	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MID Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFO ORGANIZ DEBTOR AMENDMENT (COLLATERAL CH Describe collateral deleted or a I assets of Debtor now owned NAME OF SECURED PARTY of adds collateral or adds the authorizing I Ba. ORGANIZATION'S NAME MID Ba. ORGANIZATION'S NAME MID	DEMATION: Cap Funding IV, LLC, as Debtor, or if this is a Termination authorized.	FIRST NAME agent FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE teral description, or describe collate roducts and proceeds thereo	MID STA MI IZATION ral X assigned,	DLE NAME ATE POSTAL CODE D 20814	SUFFIX COUNTRY USA
	Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFO Ta. ORGANIZATION'S NAME MID Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7255 WOO ADDL INFO ORGANIZ DEBTOR AMENDMENT (COLLATERAL CH Describe collateral deleted or a I assets of Debtor now owned NAME OF SECURED PARTY of adds collateral or adds the authorizing I Ba. ORGANIZATION'S NAME MID Ba. ORGANIZATION'S NAME MID	DEMATION: Cap Funding IV, LLC, as Debtor, or if this is a Termination authorized.	FIRST NAME O CITY Bethesda 71. JURISDICTION OF ORGAN DE teral description, or describe collate roducts and proceeds thereo wentle the state of t	MID STA MI IZATION ral assigned.	DLE NAME ATE POSTAL CODE D 20814 this is an Amendment author authorizing this Amendment.	SUFFIX COUNTRY USA

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

RECORDED: 12/18/2014

FILING NUMBER: 201209130521993

TRADEMARK

REEL: 005422 FRAME: 0020