


Client Code: KSPNE.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>Knobbe, Martens, Olson & Bear, LLP</p> <p>() Individual () General Partnership () Association () Limited Partnership (X) Other: California 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: K SPINE, INC. Internal Address: SUITE 110 Street Address: 5610 ROWLAND ROAD City: MINNETONKA State: MN ZIP: 55343</p> <p>() Individual () General Partnership () Association () Limited Partnership () Other: (X) Corporation of: DE</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: () Yes (X) No</p> <p>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) October 5, 2015</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s):</p> <p>b. Trademark Registration No(s): 4049599</p> <p>Additional numbers attached? () Yes (X) 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.: KSPNE.UCC3</p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR 1.21(h)): \$40.00 (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>10/8/15</u> Name of Person Signing Signature Date</p> <p>Total number of pages including cover sheet, attachments and document: 2</p>	

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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

Delaware Department of State
U.C.C. Filing Section
Filed: 03:23 PM 10/05/2015
U.C.C. Initial Filing No: 2015 1054252
Amendment No: 20154498688
Service Request No: 20150385840

A. NAME & PHONE OF CONTACT AT FILER (optional) MICHELL DO (949) 760-0404
B. E-MAIL CONTACT AT FILER (optional) MICHELL.DO@KNOBBE.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) KNOBBE, MARTENS, OLSON & BEAR, LLP 2040 MAIN STREET 14TH FLOOR IRVINE, CA 92614 US

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
20151054252

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. For: Attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. **ASSIGNMENT (full or partial):** Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. **PARTY INFORMATION CHANGE:**
Check one of these two boxes:
This Change affects Debtor or Secured Party of record
AND Check one of these three boxes to:
 CHANGE name and/or address: Complete item 8a or 8b, and item 7a or 7b and item 7c
 ADD name: Complete item 7a or 7b, and item 7c
 DELETE name: Give record name to be deleted in item 8a or 8b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (5a or 5b)

6a. ORGANIZATION'S NAME			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME			
OR	7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	SUFFIX
7c. MAILING ADDRESS			CITY
			STATE
			POSTAL CODE
			COUNTRY

8. **COLLATERAL CHANGE:** Also check one of these four boxes. ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME KNOBBE, MARTENS, OLSON & BEAR, LLP			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:**
KSPNE - UCC3

International Association of Commercial Administrators (IACA)

FILING OFFICE COPY - UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

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