

FORM PTO-1594  
 COMMERCE  
 (Rev. 07/05)  
 OMB No. 0651-0027 (exp. 06/30/2008)

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF  
 United States Patent and Trademark Office

TRADEMARKS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

<p>1. Name of conveying party(ies):  <b>Silicon Valley Bank</b>                  3003 Tasman Drive                  Santa Clara, CA 95054</p> <p><input type="checkbox"/> Individual(s)                      <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership              <input type="checkbox"/> Limited Partnership</p> <p><input checked="" type="checkbox"/> Corporation-State: CA  <input type="checkbox"/> Other</p> <p>Additional name(s) of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>2. Name and address of receiving party(ies):                  Additional name(s) of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Name: <b>NeuWave Medical, Inc.</b></p> <p>Internal Address:</p> <p>Street Address: <b>3529 Anderson Street</b></p> <p>City: <b>Madison</b>                  State: <b>WI</b>                  Country: <b>USA</b>                  Zip: <b>53704</b></p> <p><input type="checkbox"/> Association Citizenship  <input type="checkbox"/> General Partnership Citizenship  <input type="checkbox"/> Limited Partnership Citizenship  <input checked="" type="checkbox"/> Corporation Citizenship <b>WI</b>  <input type="checkbox"/> Other Citizenship</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No                  (Designations must be a separate document from assignment)</p>									
<p>3. Nature of conveyance/ Execution Date(s):</p> <p>Execution Date(s): <b>December 1, 2015</b></p> <p><input type="checkbox"/> Assignment                      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement              <input type="checkbox"/> Change of Name</p> <p><input checked="" type="checkbox"/> Other : <b>Release</b></p>											
<p>4. Application number(s) or registration number(s) and identification or description of the Trademark:</p> <table border="1"> <tr> <td>A. Trademark Application No.(s)</td> <td>B. Trademark Registration No.(s)</td> </tr> <tr> <td></td> <td><b>4,099,855 4,106,397</b></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				A. Trademark Application No.(s)	B. Trademark Registration No.(s)		<b>4,099,855 4,106,397</b>				
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<p>C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):</p> <p style="text-align: right;">Additional sheets attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>											
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <b>UCC Direct Services</b></p> <p>Internal Address: <b>Attn: 14080632</b></p> <p>Street Address: <b>187 Wolf Road, Suite 101</b></p> <p>City: <b>Albany</b>      State: <b>NY</b>      ZIP: <b>12205</b></p> <p>Phone Number: <b>1-800-342-3676 X 4065</b></p> <p>Fax Number: <b>1-800-962-7049</b></p> <p>Email Address: <b>cls-udsalbany@wolterskluwer.com</b></p>		<p>6. Total number of applications and registrations involved: <b>2</b></p> <p>7. Total fee (37 CFR 2.6 (b)(6) &amp; 3.41): \$65.00  <input checked="" type="checkbox"/> Authorized to be charged by credit card  <input type="checkbox"/> Authorized to be charged to deposit account  <input type="checkbox"/> Enclosed</p> <p>8. Payment Information:</p> <p>a. Credit Card      Last 4 Numbers <b>0974</b>                  Expiration Date <b>6/17</b></p> <p>b. Deposit Account Number                  Authorized User Name</p>									
<p>9. Signature: <u><i>Angela Brown</i></u>                  Signature</p> <p><u><i>Angela A Brown</i></u>                  Name of Person Signing</p>		<p><u>12-4-15</u>                  Date</p> <p>Total number of pages including cover sheet, attachments, and document:</p>									

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, Alexandria, VA 22313-1450



RELEASE OF SECURITY AGREEMENT COVERING  
INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of **NeuWave Medical, Inc.** ("Assignor") in the trademarked works set forth in that certain **Intellectual Property And Security Agreement** dated, 05/2012 executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on 05/24/2012 Reel 4787, Frame 0704.

Dated: 12/01/2015

SILICON VALLEY BANK

By:

Name:

Mike Jordan

Title:

Sr. Operations Manager

It does not release