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FORM PTO-1594	U.S. DEPARTMENT OF
COMMERCE ((Rev. 07/05) RECORDATION FO	DRM COVER SHEET United States Patent and Trademark Office
OMB No. 0651-0027 (exp. 06/30/2008)	
To the Director of the U.S. Patent and Trademark Office	ARKS ONLY E: Please record the attached documents or the new address(es) below.
1. Name of conveying party(les):	2. Name and address of receiving party(les):
Silicon Valley Bank 3003 Tasman Drive	Additional name(s) of conveying parties attached? ☐Yes ☒ No
Santa Clara, CA 95054	Name: NeuWave Medical, Inc.
	Internal Address:
☐ Individual(s) ☐ Association	
☐ General Partnership ☐ Limited Partnership	Street Address: 3529 Anderson Street
Other	City: Madison
	State: WI
Additional name(s) of conveying parties attached? ☐Yes ☑ No	Country: USA
3. Nature of conveyance/ Execution Date(s):	Zip: 53704
Execution Date(s): December 1, 2015	Association Citizanship
ENCORPORT DESCRIPTION OF THE PROPERTY OF THE P	☐ Association Citizenship ☐ General Partnership Citizenship
☐ Assignment ☐ Merger	Limited Partnership Citizenship
- -	☑ Corporation Citizenship WI
Security Agreement Change of Name	☐ Other Citizenship
	If assignee is not domidled in the United States, a domestic representative designation is attached: Yes No
Other: Release	(Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and identif	ication or description of the Trademark:
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
	4.099.855 4.106.397
	4,099,855 4,106,397
C. Identification or Description of Trademark(s) (and Filing Dat Registration Number is unknown):	e if Application or Additional sheets attached? Yes No
5. Name and address of party to whom	6. Total number of applications and
correspondence	registrations involved: 2
concerning document should be mailed:	
Name: UCC Direct Services	
	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$65.00
Internal Address: Attn: 14080632	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 09 7 4
•	Expiration Date
Fax Number: 1-800-962-7049	411+
Email Address; cls-udsalbany@wolterskluwer.com	b. Deposit Account Number Authorized User Name
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). Signature. Mala bruw.	12-4-15
Signature	Date
HYGELA BROWN	Total number of pages including cover
J Name of Person Signing	sheet, attachments, and document:

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

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OMMERCE	ON FORM COVER SHEET United States Patent and Trademark Office
Rev. 07/05) RECORDATE	ON FORM COVER SHEET United States Patent and Trademark Critical
MB No. 0651-0027 (exp. 06/30/2008)	DEMARKS ONLY
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☐ Other	City: Madison
	State: WI
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Execution Date(s):	Association Citizenship
Execution Parcis).	General Partnership Citizenship
☐ Assignment ☐ Merger	Limited Partnership Citizenship
	Corporation Citizenship ; United States.
Security Agreement Change of Name	Other Citizenship
-	If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
⊠ Other : Release	(Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and	I identification or description of the Trademark:
	, . s. v. 1
A. Trademark Application No.(6)	B. Trademark Registration No.(s)
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5. Name and address of party to whom	6. Total number of applications and
correspondence	registrations involved: 2
concerning document should be mailed:	
Name: UCC Direct Services	
1.1	7. Total fee (37 CFR 2.6 (b)(6) & 3.41); \$65.00
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Street Address: 187 Wolf Road, Suite 101	Enclosed
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City: Albany State: NY ZIP: 12205	8. Payment Information:
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Phone Number: 1-800-342-3676 X 4065	a. Credit Card Last 4 Numbers O4 74
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Fax Number: 1-800-962-7049	V !! +
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Email Address cls-udsalbany@wolterskluwer.	com Authorized User Name
Land I have to	17215
9. Signature, Signature	
Social District	Date
FT WELF TOKOWN	Total number of pages including cover
Name of Person Signin	9 sheet, attachments, and document:

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REEL: 005686 FRAME: 0820

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:

Name: Mike Jordan

Title:

Sr. Operations Manager

hildoes apaginnis Professe

RECORDED: 12/04/2015

TRADEMARK REEL: 005686 FRAME: 0821