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FORM PTO-1594 COMMERCE	U.S. DEPARTMENT OF
	PRM COVER SHEET United States Patent and Trademark Office
ΤΡΔΩΕΜΑ	RKS ONLY
To the Director of the U.S. Patent and Trademark Office	Please record the attached documents or the new address(es) below.
Name of conveying party(ies): Silicon Valley Bank 3003 Tasman Drive	2. Name and address of receiving party(ies): Additional name(s) of conveying parties attached? ☐ Yes ☒ No
Santa Clara, CA 95054	Name: RightAnswers, Inc.
☐ Individual(s) ☐ Association	Internal Address:
☐ General Partnership ☐ Limited Partnership	Chroni Adding a COO The Cook of the Cook o
☑ Corporation-State: CA	Street Address: 333 Thornall Street, Suite 7B
🗀 Other	City: Edison
Additional name(s) of companies and the state of the stat	State: NJ
Additional name(s) of conveying parties attached? ☐Yes ☒ No 3. Nature of conveyance/ Execution Date(s):	Country: USA
• •	Zip: 08837
Execution Date(s): 04/07/2017	Association Citizenship General Partnership Citizenship
☐ Assignment ☐ Merger	Limited Partnership Citizenship Corporation Citizenship: United States, DE
Security Agreement Change of Name	Other Citizenship If assignee is not domiciled in the United States, a domestic representative
⊠ Other : Release	Designation is attached; Yes XI No
4. Application number(s) or registration number(s) and identifi	(Designations must be a separate document from assignment)
A. Trademark Application No.(s)	
Tradition Application (4)	B. Trademark Registration No.(s)
	2020849 2191831 2515172 2852465 2731492 2731509 3300081
	2731309 3300081
 Identification or Description of Trademark(s) (and Filing Date 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: 7
concerning document should be mailed:	
Name: CT Lien Solutions	
nternal Address: Attn: 14080632	7. Total fee (37 CFR 2.6 (b)(6) & 3.41 \$190.00 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
ax Number: 1-800-962-7049	Expiration Date
mail Address: cls-udsalbany@wolterskluwer.com	b. Deposit Account Number Authorized User Name
. Signature Br	4-10-17
Joseph D'Buram	Date
Name of Person Signing	Total number of pages including cover 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, Alexa RADEMARK 450

REEL: 006034 FRAME: 0967

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of RightAnswers, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, October 2, 2007 executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on October 31, 2007, Reel 3651, Frame 0628.

Dated: 04/07/2017

SILICON VALLEY BANK

By: Vame: Channon Kennedy

Title: Senior Operations Manager

TRADEMARK REEL: 006034 FRAME: 0968

RECORDED: 04/12/2017