TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 ETAS ID: TM546523

Stylesheet Version v1.2

| SUBMISSION TYPE: | NEW ASSIGNMENT |
|-----------------------|--|
| NATURE OF CONVEYANCE: | Intellectual Property Security Agreement |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|--------------|----------|----------------|-----------------------|
| Zipari, Inc. | | 08/28/2019 | Corporation: DELAWARE |

RECEIVING PARTY DATA

| Name: | Western Alliance Bank | |
|-----------------|-----------------------|--|
| Street Address: | 2700 W. Sahara Avenue | |
| City: | Las Vegas | |
| State/Country: | NEVADA | |
| Postal Code: | 89102 | |
| Entity Type: | Corporation: ARIZONA | |

PROPERTY NUMBERS Total: 3

| Property Type | Number | Word Mark |
|----------------------|---------|--|
| Registration Number: | 4967826 | ZIPARI CX |
| Registration Number: | 4967825 | DISRUPTING HEALTHCARE BY INTRODUCING CON |
| Registration Number: | 4967824 | ZIPARI |

CORRESPONDENCE DATA

Fax Number: 8009144240

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: 6142803562

Email: ted.mulligan@wolterskluwer.com

Correspondent Name: Ted Mulligan

Address Line 1: 4400 Easton Commons Way

Address Line 2: Suite 125

Address Line 4: Columbus, OHIO 43219

| NAME OF SUBMITTER: | Ted Mulligan |
|--------------------|---------------|
| SIGNATURE: | /tedmulligan/ |
| DATE SIGNED: | 10/24/2019 |

Total Attachments: 7

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| | | RKS ONLY | |
|--|--|---|--|
| To the director of the U. S. Pate 1. Name of conveying party(ies) | | e record the attached documents or the r | |
| | • • | Additional names, addresses, or citizenship | ☐ Yes |
| <u>ZIPARI, INC.</u> | | Name: Western Alliance Bank | ⊠ No |
| ☐ Individual(s) | ☐ Association | Internal Address: | |
| ☐ Individual(s) ☐General Partnership | Limited Partnership | Street Address: <u>2700 W. Sahara Avenu</u> | ıa |
| — ⊠Corporation | tanad | | |
| ☐Limited Liability Company | | City: <u>Las Vegas</u> | |
| Citizenship: <u>DE</u> | | State: NV | |
| Execution Date(s): August 28, 20: | <u>9</u> | Country: <u>USA</u> | Zip: <u>89102</u> |
| Additional names of conveying par | ties attached? ☐ Yes ⊠No | | |
| | <u> </u> | Association Citizenship: | |
| 3. Nature of conveyance: | | General Partnership Citizenship: | |
| ☐ Assignment | ☐ Merger | Limited Partnership Citizenship: | |
| ⊠Security Agreement | ☐ Change of Name | ☐ Corporation Citizenship: AZ | |
| ☐ Other: | | Other: Citizenship: | |
| | | If assignee is not domiciled in the Uniter representative designation is attached. {Designations must be a separate docur | □Yes ⊠ No |
| A. Trademark Application No.(s) So | | fication or description of the Tradema B. Trademark Registration No.(s) See A Additional sheet(s) atta | Attached Exhibit B |
| | | Application or Registration Number is un | |
| 5. Name address of party to who concerning document should be Name: Syed Humza Moinuddin | | 6. Total number of applications and registrations involv | |
| Internal Address: Otterbourg P.C. | | 7. Total fee (37 CFR 2.6(b)(6) & 3.41) Authorized to be charged by cr | |
| Street Address: 230 Park Avenue | | Authorized to be charged to de | posit account |
| City: New York | | ☐ Enclosed | |
| State: NY | Zip: <u>10169</u> | 8. Payment Information: | |
| Phone Number: 212-905-3719 | and the state of t | | Numbers |
| | | · | ion Date |
| Fax Number: | | b. Deposit Account Number | |
| Email Address: hmoinuddin@otterl | ourg.com | Authorized User Name: | |
| 9. Signature: | | | October 24, 2019 |
| | Signature Syed Humza Moinuddin | Total number | Date r of pages including cover ments, and document: 7 |

Name of Person Signing

Documents to be recorded (including cover sheet) should be faxed to (703) 306-6995, or mailed to:

Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

INTELLECTUAL PROPERTY SECURITY AGREEMENT

This

| IN WITNESS WHEREOF, the parties have executed this . | Agreement as of the date first written above. |
|--|---|
| GRANTOR: | LENDER: |
| ZIPARI, INC. | WESTERN ALLIANCE BANK, an Arizona corporation |
| By: Bong Belle | By: |
| Name: Barry Belfer | Name: |
| Title: Chief Financial Officer | Tide: |
| Address for Notices: Attn: 45 Main Street Brooklyn, New York 11201 Tel: (855)-558-7884 | Address for Notices: Attn: 55 Almaden Boulevard, Suite 100 San Jose, California 95113 Tel: (408) 556-6501 |

Fax:(408) 282-1681

REEL: 006778 FRAME: 0720

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above. GRANTOR: LENDER: ZIPARI, INC. WESTERN ALLIANCE BANK, an Arizona corporation _____ By: By: Name: Breidaut, Cor Name: Title: Address for Notices: Address for Notices: Attn: 45 Main Street Attn: 55 Almaden Boulevard, Suite 100 Brooklyn, New York 11201 San Jose, California 95113 Tel: (855)-558-7884 Tel: (408) 556-6501 Fax:(408) 282-1681

EXHIBIT A

COPYRIGHTS

Please Check if No Copyrights Exist⊠

| Type of Work: | Title: | International Standard Serial Number (ISSN): | Registration Number: | Filing Date: | Pre - registered? |
|---------------|--------|--|-------------------------|-----------------|----------------------|
| | | | | | |

EXHIBIT B

TRADEMARKS

Please Check if No Trademarks Exist □

| Mark / Title: | U.S. Serial Number: | U.S. Registration Number: | USPTO Reference Number: | Filing Date: |
|--|---------------------|---------------------------|----------------------------|---------------|
| ZIPARI CX | 86708545 | 4967826 | N/A | July 29, 2015 |
| DISRUPTING HEALTHCA RE BY INTRODUCI NG CONSUMER- CENTRIC SOLUTIONS | 86708510 | 4967825 | N/A | July 29, 2015 |
| ZIPARI | 86708500 | 4967824 | N/A | July 29, 2015 |

EXHIBIT C

PATENTS

Please Check if No Patents Exist 🛛

| Title: | Patent Number: | Application Serial Number: | Issued or Published? | Issue Date: |
|--------|----------------|----------------------------|-------------------------|-------------|
| | | | | |

RECORDED: 10/24/2019