

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM783287

| | | | |
|---|------------------------------|-----------------------|-----------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | RELEASE OF SECURITY INTEREST | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| FLOWONIX MEDICAL INCORPORATED | | 02/12/2021 | Corporation: DELAWARE |
| RECEIVING PARTY DATA | | | |
| Name: | SILICON VALLEY BANK | | |
| Street Address: | 3003 TASMAN DRIVE, HF 150 | | |
| City: | SANTA CLARA | | |
| State/Country: | CALIFORNIA | | |
| Postal Code: | 95054 | | |
| Entity Type: | Corporation: CALIFORNIA | | |
| PROPERTY NUMBERS Total: 11 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 4882959 | FAV | |
| Registration Number: | 4227126 | FLOWONIX | |
| Registration Number: | 2971195 | FLUENT | |
| Registration Number: | 3661678 | IMPLANTING CONFIDENCE | |
| Registration Number: | 3247885 | PROMETRA | |
| Registration Number: | 5161637 | PTC | |
| Serial Number: | 87703460 | FLOWONIX MAESTRO | |
| Serial Number: | 87657325 | ONTARGET | |
| Serial Number: | 87947759 | PROVIEW | |
| Serial Number: | 87657332 | SUREFILL TECHNOLOGY | |
| Serial Number: | 87657662 | ZERO-RATE TECHNOLOGY | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 9733257467 | | |
| <i>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.</i> | | | |
| Phone: | 9737364600 | | |
| Email: | scarriker@mblawfirm.com | | |
| Correspondent Name: | VINCENT J ROLDAN, ESQ | | |
| Address Line 1: | 3 BECKER FARM ROAD | | |

OP \$290.00 4882959

Address Line 2: SUITE 105
Address Line 4: ROSELAND, NEW JERSEY 07068

NAME OF SUBMITTER: Vincent J. Roldan, Esq.

SIGNATURE: /Vincent J. Roldan/

DATE SIGNED: 01/30/2023

Total Attachments: 1
source=UCC3 Termination (Silicon Valley Bank) 4860-0398-8555 v.2#page1.tif

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) 414622-1 (302) 636-5401 |
| B. E-MAIL CONTACT AT FILER (optional) MARK.WAITE@CSCGLOBAL.COM |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) CORPORATION SERVICE COMPANY 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808 US |

Delaware Department of State
U.C.C. Filing Section
Filed: 02:40 PM 01/26/2023
U.C.C. Initial Filing No: 2021 1193987
Amendment No: 2023 0694603
Service Request No: 20230271383

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | |
|---|--|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 20211193987 | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Acknowledgment (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: Debtor or Secured Party of record
AND Check one of these three boxes to:
 CHANGE name and/or address: Complete item 6a or 6b; 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 6a or 6b

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

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME | | | | |
| OR | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | 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 | INDIVIDUAL'S FIRST PERSONAL NAME | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | 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 SILICON VALLEY BANK | | | | |
| OR | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA:
DE SOS