



103192463

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

1. Name of conveying party(ies): Think3, Inc.

Individual(s)  Association  
 General Partnership  Limited Partnership  
 Corporation-State  
 Other

Additional name(s) of conveying parties attached?  Yes  No

2. Name and address of receiving party(ies):  
 Additional name(s) of conveying parties attached?  Yes  No

Name: **Silicon Valley Bank**  
 Internal Address  
 Street Address: **3003 Tasman Dr HF 154**  
 City: **Santa Clara**  
 State: **CA**  
 Country  
 Zip: **95054**

Association Citizenship  
 General Partnership Citizenship  
 Limited Partnership Citizenship  
 Corporation Citizenship  
 Other Citizenship

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
 (Designations must be a separate document from assignment)

3. Nature of conveyance/ Execution Date(s):

Execution Date(s): July 29, 2005

Assignment  Merger  
 Security Agreement  Change of Name  
 Other:

4. Application number(s) or registration number(s) and identification or description of the Trademark:

A. Trademark Application No.(s)	B. Trademark Registration No.(s)
78/601,295	2,252,557
	2,798,468
	2,678,446
	2,721,653
	2,686,882

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

Additional sheets attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **Silicon Valley Bank**  
 Internal Address: **Loan Collateral HF154**  
 Street Address: **3003 Tasman Dr.**  
 City: **Santa Clara** State: **CA** ZIP: **95054**  
 Phone Number: **(408) 654-4042**  
 Fax Number: **(408) 654-6313**  
 Email Address: **ldc@svbank.com**

6. Total number of applications and registrations involved: **6**

7. Total fee (37 CFR 2.6 (b)(6) & 3.41): **Already Paid**  
 Authorized to be charged by credit card  
 Authorized to be charged to deposit account  
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers  
 Expiration Date

b. Deposit Account Number  
 Authorized User Name

9. Signature: Lana Lowe Signature 3/1/06 Date

Lana Lowe  
 Name of Person Signing

Total number of pages including cover sheet, attachments, and document: **4**

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:

927K

02-13-2006

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

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U.S. DEPARTMENT OF COMMERCE  
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Th

103121061

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 Individual(s)                       Association  
 General Partnership               Limited Partnership  
 Corporation-State  
 Other  
  
Additional name(s) of conveying parties attached?  Yes  No

2. Name and address of receiving party(ies):  
Additional name(s) of conveying parties attached?  Yes  No  
Name: ~~Think3, Inc.~~ SEE ATTACHED  
Internal Address  
  
Street Address: 312 Walnut Street, Suite 2470  
  
City: ~~Cincinnati~~  
State: ~~OH~~  
Country: USA  
Zip: ~~45202~~

3. Nature of conveyance/ Execution Date(s):  
  
Execution Date(s): July 29, 2005  
  
 Assignment                       Merger  
 Security Agreement               Change of Name  
  
 Other

Association    Citizenship  
 General Partnership    Citizenship  
 Limited Partnership    Citizenship  
 Corporation    Citizenship  
 Other    Citizenship  
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	2,721,653
	2,686,882

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):  
09/28/2005 DEYRNE 00000018 78601295  
01 0:8521 49.00 DP  
02 1:1522 125.00 DP

Additional sheets attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
  
Name: Silicon Valley Bank  
  
Internal Address: Loan Collateral HF154  
  
Street Address: 3003 Tasman Dr.  
  
City: Santa Clara              State: CA              ZIP: 95054  
  
Phone Number: (408) 654-4042  
  
Fax Number: (408) 654-6313  
  
Email Address: ldc@svbank.com

6. Total number of applications and registrations involved: 6  
  
7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$165.00  
 Authorized to be charged by credit card  
 Authorized to be charged to deposit account  
 Enclosed  
  
8. Payment Information:  
a. Credit Card    Last 4 Numbers  
                                Expiration Date  
b. Deposit Account Number  
                                Authorized User Name

9. Signature: Trisha Scallio                      9/23/05  
                                Signature    Date  
  
Trisha Scallio  
Name of Person Signing susan clay  
  
Total number of pages including cover sheet, attachments, and document: 12

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Need to return due to Bank Error. Need to correct Assignee

**Name & Address of Receiving Party (Assignee) S/B:**

**Name: Silicon Valley Bank**  
**Address: 3003 Tasman Drive**  
**HF 154**  
**Santa Clara, CA 95054**

**Please correct~**

**Thanking you in advance for your help in this matter.**

2006

02/07/2006 DBYRNE 00000111 78602295

01 FC:0521  
02 FC:0522

40.00 OP  
125.00 OP