

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Silicon Valley Bank		05/11/2007	California Chartered Bank: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Mosaica Education, Inc.		
Street Address:	4040 Civic Center Drive		
Internal Address:	Suite 200		
City:	San Rafael		
State/Country:	CALIFORNIA		
Postal Code:	94903		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	75303114	PARAGON CURRICULUM	
Serial Number:	75303106	MOSAICA EDUCATION	
CORRESPONDENCE DATA			
Fax Number:	(404)252-0970		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	404-252-0900		
Email:	jeff@sladlaw.com		
Correspondent Name:	Jeffrey B. Sladkus		
Address Line 1:	1519 Wesley Parkway		
Address Line 2:	c/o Taylor Busch		
Address Line 4:	Atlanta, GEORGIA 30327		
NAME OF SUBMITTER:	Jeffrey B. Sladkus		
Signature:	/Jeffrey B. Sladkus/		

OP \$65.00 75303114

Date:

08/09/2007

Total Attachments: 2

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source=Mosaica Education UCC Release II#page1.tif

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER (optional)

Gregory Schultz, Esq.

B SEND ACKNOWLEDGMENT TO: (Name and Address)

Taylor, Busch, Slipakoff & Duma, LLP
1600 Parkwood Circle, Suite 200
Atlanta, GA 30339

DELAWARE DEPARTMENT OF STATE
U.C.C. FILING SECTION
FILED 12:00 PM 05/11/2007
INITIAL FILING # 2007 0595305
AMENDMENT # 2007 1798809
SRV: 070553678

1A INITIAL FINANCING STATEMENT FILE #

70595305

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

2 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

3 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4 ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5 AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a ORGANIZATION'S NAME
Mosaica Education, Inc.
OR
6b INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX

7 CHANGED (NEW) OR ADDED INFORMATION

7a ORGANIZATION'S NAME
OR
7b INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX

7c MAILING ADDRESS
CITY
STATE
POSTAL CODE
COUNTRY

7d TAX ID # SSN OR EIN
ADD'L INFO RE ORGANIZATION DEBTOR
7e TYPE OF ORGANIZATION
7f JURISDICTION OF ORGANIZATION
7g ORGANIZATIONAL ID # (if any)

8 AMENDMENT (COLLATERAL CHANGE): check only one box
Describe collateral deleted or added or give entire retained collateral description (or describe collateral) assigned NONE

9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor if this is an Assignment); if this is an Amendment authorized by a Debtor, what is collateral or does the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and # 11e Name of DEBTOR authorizing this Amendment.

9a ORGANIZATION'S NAME
Silicon Valley Bank, a California chartered bank
OR
9b INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX

10 OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER (optional)
 Gregory Schultz, Esq.

B SEND ACKNOWLEDGMENT TO: (Name and Address)
 Taylor, Busch, Slipakoff & Duma, LLP
 1600 Parkwood Circle, Suite 200
 Atlanta, GA 30339

DELAWARE DEPARTMENT OF STATE
 U.C.C. FILING SECTION
 FILED 12:00 PM 05/11/2007
 INITIAL FILING # 2007 0582360
 AMENDMENT # 2007 1798858
 SRV: 070553692

INITIAL FINANCING STATEMENT FILE # **70582360** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

2 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. This Financing Statement Amendment is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

3 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4 ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of Assignor in item 9.

5 AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.
 DELETE name. Give record name to be deleted in item 6a or 6b.
 ADD name. Complete item 7a or 7b, and also item 7c. Also complete items 7d-7f (if applicable).

6 CURRENT RECORD INFORMATION:

6a ORGANIZATION'S NAME
 Mosaica Education, Inc.

OR **6b INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX

7 CHANGED (NEW) OR ADDED INFORMATION:

7a ORGANIZATION'S NAME

OR **7b INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX

7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d TAX ID #: SSN OR EIN **7e TYPE OF ORGANIZATION:** ORGANIZATION DEBTOR **7f JURISDICTION OF ORGANIZATION** **7g ORGANIZATIONAL ID #** (if any)

8 AMENDMENT (COLLATERAL CHANGE): check only one box
 Describe collateral deleted or added or give entire related collateral description or describe collateral assigned. NONE

9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor if the # is an Assignment; if this is an Amendment authorized by a Debtor which does collateral in adds the authorizer is Debtor or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment)

9a ORGANIZATION'S NAME
 Silicon Valley Bank, a California chartered bank

OR **9b INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX

10 OPTIONAL FILER REFERENCE DATA