FORM PTO-1594 U.S. DEPARTMENT OF	
COMMERCE (Rev. 07/05) RECORDATION FORM COVER SHEET United States Patent and Trademark Office	
OMB No. 0651-0027 (exp. 06/30/2008)	
TRADEMARKS ONLY 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(les):	2. Name and address of receiving party(ies):
Silicon Valley Bank	Additional name(s) of conveying parties attached? ☐Yes ☒ No
3003 Tasman Drive Santa Ciara, CA 95054	Name: SECURELOGIX CORPORATION
Select Colored and Select	14001100 Commonweal district de metal, and received
Individual(s) Association	O. LAZZ AONTO DAN MEDINO OLUTE OGO
General Partnership Limited Partnership	Street Address: 13750 SAN PEDRO, SUITE 820
☑ Corporation-State	
Other	City: SAN ANTONIA
	State: TX
Additional name(s) of conveying parties attached? ☐Yes ☒ No	Country: USA
3. Nature of conveyance/ Execution Date(s):	Zip: 78232
Execution Date(s): November 17, 2010	Association Citizenship
	General Partnership Citizenship
Assignment Merger	Limited Partnership Citizenship
Change of Name	Corporation Citizenship: USA State: TX Other Citizenship
Security Agreement	If assignee is not domiciled in the United States, a domestic representative
	designation is attached: Yes No
○ Other: RELEASE 4. Application number(s) or registration number(s) and identific	(Designations must be a separate document from assignment)
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
	2773462

C. Identification or Description of Trademark(s) (and Filing Date	if Application or Additional sheets attached? Yes No
Registration Number is unknown):	
5. Name and address of party to whom	6. Total number of applications and
correspondence	registrations involved: 1
concerning document should be mailed:	
Name: UCC Direct Services	
LIMITED AND WITHOUT AND ALPED	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$40 -
Internal Address: Attn; 14080632	Authorized to be charged by credit card
	Authorized to be charged to deposit account
Street Address: 187 Wolf Road, Suite 101	☐ Enclosed
City: Albany State: NY ZIP: 12205	8. Payment Information:
Oldie, N1 ZIF, 12205	w. rayment intermation.
Phone Number: 1-800-342-3676 X 4065	a. Credit Card Last 4 Numbers 56 3
	Expiration Date /0//>
Fax Number: 1-800-962-7049	
Email Address: cls-udealbany@woiterskluwer.com	b. Deposit Account Number Authorized User Name
Addition 250 OSCI Maine	
9. Signature.	[[/19/10
Signature Date	
Joseph D Borgman	Total number of pages including cover
Name of Person Signing	sheet, attachments, and document:
AMORNIO G. (CM CM C	

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, Alexandria, VA 22313-1450

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Securelogix Corporation ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, September 29, 2006, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on October 4, 2006 Reel 3410 Frame 0184.

Date: November 17, 2010

SILICON VALLEY BANK

Name: Romil Randhawa
Title: Operations Manager

RECORDED: 11/19/2010

TRADEMARK
REEL: 004408 FRAME: 0638