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1. Name of conveying party(ies):	2. Name and address of receiving party(ies):
1. Name of conveying party (165). SILICON VALLEY BANK	
3003 TASMAN DRIVE	Name: ONSTOR, INC
Additional name(s) of conveying party(les) attached?	Yes No Internal Address:
3. Nature of conveyance/Execution Date(s):	Street Address: 4420 ARROWSWEST DRIVE
N 17 2009	Street Address. 4420 Artitotion 201
Execution Date: Dec 17, 2009	CHARGE COUNTY OF A COUNTY OF THE COUNTY OF T
	City: COLORADO SPRINGS
Assignment Merger	State: CO
Security Agreement Change of Name	State, 55
Joint Research Agreement	Country: USA Zip: 80907
Government Interest Assignment	Gountry, ODA MIR. 44277
Executive Order 9424, Confirmatory License	Additional name(s) & address(es) attached?   Yes   No
Other: RELEASE	
4. Application or patent number(s):	This document is being filed together with a new application.
4. Application of patent number(a).	
A. Patent Application No.(s)	B. Patent No.(s)
10733991 60512959	
10803111	
11021436	
11212304	
44242286	
Addition	al numbers attached?  Yes No
5. Name and address of party to whom correspo	ndence 6. Total number of applications and patents involved: 6
concerning document should be mailed:	
Name: UCC Direct Services	7. Total fee (37 CFR 1.21 (h) & 3.41) \$ 240 =
Name. Coc Direct Services	
Internal Address: Attn: 14080632	Authorized to be charged by credit card
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Street Address: 187 Wolf Road, Suite 101	☐ Enclosed
	None required (government interest not affecting title)
City: Albany	
7: 40565	8. Payment Information
State: NY Zip: 12205	
Phone Number: 1-800-342-3676 X 4065	a. Credit Card Last 4 Numbers 5683
LIMITE INCIDENT LANGUAGE AND	Expiration Date / 0// 3-
Fax Number: 1-800-962-7049	
	b. Deposit Account Number
Email Address: cls-udsalbany@wolferskiuwer.cc	om Authorized User Name
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9. Signature: Signature	Date
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Joseph D Berg	mun Total number of pages including cover
Name of Person Signif	sheet, attachments, and documents:
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TO: UCC DIRECT SERVICES COMPANY: ATTN: 14080632

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MATO-1565 RECORDATION	FORM.COVER SHEET United States Patent and Trademark
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INTA CLARA, CA. MICHAEL STREET, STREET	No_Internal Address:
Nature of conveyance/Execution Date(s):	Street Address: 4420 ARROWSWEST DRIVE
xecution Date:	City: COLORADO SPRINOS
Assignment Marger of Name  Security Agreement Change of Name	Sinte: CO
Joint Research Agreement  Government interest Assignment  Government interest Assignment  Confirmatory License	Country: USA ZIp: 80907
Executive Order 9424, Confirmatory License  Coner: RELEASE	Additional name(5) & eddress(sa) stached? [ Yes [ No
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Internal Address: Attn: 14080632	Authorized to be charged to deposit and affecting title)  None required (government interest not affecting title)
Internat Address: Aftn: 14080632 Street Address: 187 Wolf Road, Suite 101 City: Albany	Authorized to be charged to deposit and affecting trie)  None required (government interest not affecting trie)
Internal Address: Afth: 14080632 Street Address: 167 Wolf Road, Suite 101 City: Albany	Authorized to be charged to deposit and affecting title)  None required (government interest not affecting title)
Internal Address: Afth: 14080632 Street Address: 187 Wolf Road, Suite 101 City: Afbany State: NY Zip: 12305	Authorized to be charged to bepose the Enclosed Enclosed None required (government interest not affecting the)  8. Payment information  9. Credit Card Lest 4 Numbers 5163  Expiration Date 16/12
Internal Address: Afth: 14080632 Street Address: 187 Wolf Road, Suite 101 City: Albany State: NV Zgz 12205 Phone Number: 1-860-342-3876 X 4065 Pax Number: 1-880-962-7049	Authorized to be charged to depose according the Enclosed None required (government interest not affecting the)  8. Payment information  9. Credit Card Leat 4 Numbers 5183  Expiration Date 1812
Internal Address: Afth: 14080632 Street Address: 187 Wolf Road, Suite 101 City: Albany State: NV Zgz 12205 Phone Number: 1-500-342-3676 X 4065	Authorized to be charged to bepose the Enclosed Enclosed None required (government interest not affecting the)  8. Payment information  a. Credit Card Lest 4 Numbers 51.83  Expiration Date: 16/12  b. Deposit Account Number Authorized User Name
Internal Address: Afth: 14080632 Street Address: 187 Wolf Road, Suite 101 City: Albany State: NV Zgz 12205 Phone Number: 1-860-342-3876 X 4065 Pax Number: 1-880-962-7049	Authorized to be charged to bepose the Enclosed Enclosed None required (government interest not affecting the)  8. Payment information  a. Credit Card Lest 4 Numbers 5183  Expiration Date 19/13  b. Deposit Account Number  Authorized User Name  12/2//04  Date
Internal Address: Afte: 14080632 Street Address: 187 Wolf Road, Suite 101 City: Albany State: NV Zp: 12205 Phone Number: 1-860-342-3876 X 4065 Fgx Number: 1-860-962-7649 Ernal Address: cla-udealle ny@no Renaktuser.com	Authorized to be charged to bepose the Enclosed Enclosed None required (government interest not affecting this)  8. Payment information  a. Credit Card Lest 4 Numbers 51.633  Expiration Date: 16/12  b. Deposit Account Number Authorized User Name

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## RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN PATENTS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Onstor, Inc. ("Assignor") in the patented works set forth in that certain Intellectual Property Security Agreement dated May 8, 2006, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on May 8, 2006, Reel 017600 Frame(s) 0514

Date: December 17, 2009

SILICON VALLEY BANK

By: Name: Title:

**RECORDED: 12/22/2009** 

PATENT **REEL: 023727 FRAME: 0939**