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FORM P10-1595	U.S. DEPARTMENT OF COMMERCE
(Rev. 08/05) RECORDATION I Office OMB No. 0651-0027 (exp. 06/30/2008)	FORM COVER SHEET United States Patent and Trademark
	S ONLY
1. Name of conveying party(les):	e record the attached documents or the new address(es) below.
1.MMC/GATX Partnership No. 1	2. Name and address of receiving party(les):
Four Orinda Way, Suite 200B	
C/O Meier Mitchell & Company	
Orinda, California 94563	
2. SILICON VALLEY BANK	
3003 TASMAN DRIVE	Niemar Bernatalan Waster dan d
SANTA CLARA, CA. 95054	Name: Morphics Technology, Inc.
Additional name(s) of conveying party(les) attached?   Yes   No	liptorno   Addense.
3. Nature of conveyance/Execution Date(s):	Internal Address.
	Street Address 10000 Bt
Execution Date: August 23, 2010	Street Address: 19200 Stevens Creek Blvd., Suite 200
	City: Cupertino
Assignment Merger	
Security Agreement Change of Name	State: CA
Joint Research Agreement	
Government Interest Assignment	Country: USA Zip: 95014
Executive Order 9424, Confirmatory License	
☑ Other: Release	Additional name(s) & address(es) attached?   Yes   No
4. Application or patent number(s):	This document is being filed together with a new application.
A. Patent Application No.(s)	B. Patent No.(s) 5907580 0036888
	6546261 0033888
	0029888 0037888
	0035888
1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	0032888
Additional numbers at	ached? Yes ⊠ No
5. Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: 8
Name: UCC Direct	7. Total fee (37 CFR 1.21 (h) & 3.41) \$320.00
Internal Address: Attn: 14080632	<b>5</b> 7
mising: Address. Atti: 14000032	Authorized to be charged by credit card
Street Address: 187 Wolf Road, Suite 101	Authorized to be charged to deposit account
Substitutions, for Front Road, Julie 101	Enclosed
City: Albany	None required (government interest not affecting title)
State: NY Zip: 12205	8. Payment Information
Phone Number: 1-800-342-3676 X 4065	a. Credit Card Last 4 Numbers
	Expiration Date
Fax Number: 1-800-962-7049	Friday France
•	b. Deposit Account Number
Email Address: cls-udsalbany@wolterskluwer.com	Authorized User Name
	Authorized Oser Name
9. Signature:	8/25/10
Signature	Date
Joseph D. Borgues	-
Joseph D. Dorgman	Total number of pages including cover
Name of Person Signing	sheet, attachments, and documents:

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, V.A. 22313-1450

## RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN PATENTS

MMC/GATX Partnership No. 1 and Silicon Valley Bank ("Secured Parties"). hereby releases its security interest in the interests of Morphics Technology, Inc. ("Assignor") in the patented works set forth in that certain Intellectual Property Security Agreement dated 02/16/2000, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on <u>04/10/2000</u>, Reel <u>010531</u>, Frame <u>0931</u>.

Dated: August 23, 2010 SILICON VALLEY BANK

By:

Name: Margare

Title: Operations Manager

**RECORDED: 08/25/2010** 

PATENT

REEL: 024906 FRAME: 0331