

RECORDATION FORM COVER SHEET

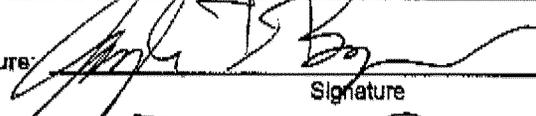
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| | |
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| 1. Name of conveying party(ies): SILICON VALLEY BANK 3003 TASMAN DRIVE SANTA CLARA, CA. 95054 Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Name and address of receiving party(ies): Name: Aprima Medical Software Inc Internal Address: Street Address: 3330 Keller Springs Rd STE 201 City: Carrollton State: TX Country: USA Zip: 75006 Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Nature of conveyance/Execution Date(s): Execution Date: 5/6/2011 <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input checked="" type="checkbox"/> Other: RELEASE | |

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| 4. Application or patent number(s): A. Patent Application No.(s) | <input type="checkbox"/> This document is being filed together with a new application. B. Patent No.(s) 6874085 |
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| Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 5. Name and address of party to whom correspondence concerning document should be mailed: Name: UCC Direct Services Internal Address: Attn: 14080632 Street Address: 187 Wolf Rd, Suite 101 City: Albany State: NY Zip: 12205 Phone Number: 1-800-342-3676 X4065 Fax Number: 800-962-7049 Email Address: cls-udsalbany@wolterskluwer.com | 6. Total number of applications and patents involved: 1 7. Total fee (37 CFR 1.21 (h) & 3.41) \$ 40.00 <input checked="" type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title) 8. Payment information a. Credit Card Last 4 Numbers 5683 Expiration Date 10/12 b. Deposit Account Number Authorized User Name |

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| 9. Signature:  _____ Signature Joseph D Borgman _____ Name of Person Signing | 5/9/11 _____ Date Total number of pages including cover sheet, attachments, and documents: 3 |
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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 **Aprima Medical Software, Inc.** ("Assignor") in the **patented** works set forth in that certain **Intellectual Property Security Agreement** dated September 17, 2010, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on January 26, 2001, Reel 025697, Frame(s) 0910.

Dated: **May 6, 2011**

SILICON VALLEY BANK

By: 
Name: **Romil Randhawa**
Title: **Operations Manager**



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Patent Assignment Details

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Attorney Dkt #: 218803.350

Conveyance: SECURITY AGREEMENT

Total properties: 1

1 Patent #: 6874085 Issue Dt: 03/29/2005 Application #: 09571076 Filing Dt: 05/15/2000
Title: MEDICAL RECORDS DATA SECURITY SYSTEM

Assignor

1 APRIMA MEDICAL SOFTWARE, INC.

Exec Dt: 09/17/2010

Assignee

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