


FORM PTO-1595 (Rev. 08/05) Office OMB No. 0651-0027 (exp. 06/30/2008)		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark	
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(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: Getsilicon Inc Internal Address: Street Address: 2975 Bowers Ave. Suite 300 City: Santa Clara State: CA Country: USA Zip: 95051 Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Nature of conveyance/Execution Date(s): Execution Date: February 16, 2012 <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			4. Application or patent number(s): A. Patent Application No.(s) 10172184 10172210 B. Patent No.(s) 7529695 <input type="checkbox"/> This document is being filed together with a new application.		
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 Internal Address: Attn: 14080632 Street Address: 187 Wolf Road, Suite 101 City: Albany State: NY Zip: 12205 Phone Number: 1-800-342-3676 X 4065 Fax Number: 1-800-962-7049 Email Address: cls-uds@albanys@wolterskluwer.com			6. Total number of applications and patents involved: 3 7. Total fee (37 CFR 1.21 (h) & 3.41) \$120.00 <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 1640 Expiration Date 10/12 b. Deposit Account Number Authorized User Name			9. Signature:  Signature Joseph D Borgman Name of Person Signing		
Date 2/17/12			Total number of pages including cover 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**

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of **Getsilicon Inc.** ("Assignor") in the **patented** works set forth in that certain **Intellectual Property Security Agreement** dated 10/22/2004 executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on 12/27/2004, Reel 016098, Frame 0263.

Dated: **February 16, 2012**

SILICON VALLEY BANK

By: 

Name: **Lois Tadeo**

Title: **Ops Supervisor**