PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT2742539

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	SECURITY INTEREST TERMINATION

CONVEYING PARTY DATA

Name	Execution Date
KNOBBE, MARTENS, OLSON & BEAR, LLP	02/07/2014

RECEIVING PARTY DATA

Name:	OSSEON THERAPEUTICS, INC.
Street Address:	2330 CIRCADIAN WAY
City:	SANTA ROSA
State/Country:	CALIFORNIA
Postal Code:	95407

PROPERTY NUMBERS Total: 5

Property Type	Number
Application Number:	13182335
Application Number:	13452784
Application Number:	12261987
Application Number:	12262064
Application Number:	13215098

CORRESPONDENCE DATA

Fax Number: (949)760-9502
Phone: (949) 760-0404
Email: efiling@knobbe.com
Correspondence will be sent via US Mail when the email attempt is unsuccessful.
Correspondent Name: KNOBBE, MARTENS, OLSON & BEAR, LLP
Address Line 1: 2040 MAIN STREET
Address Line 2: 14TH FLOOR
Address Line 4: IRVINE, CALIFORNIA 92614

ATTORNEY DOCKET NUMBER:	OSEON.UCC3

NAME OF SUBMITTER:	STEVEN J. NATAUPSKY
Signature:	/Steven J. Nataupsky/
Date:	02/25/2014
Total Attachments: 1 source=2014-02-07 Recorded UCC3 Lien Termination (CA) - OSEON#page1.tif	

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
MICHELL T DO
(949) 760-0404

B. SEND ACKNOWLEDGMENT TO: (Name and Address)
Knobbe, Martens, Olson & Bear, LLP
2040 Main Street, 14th Floor
Irvine, CA 92614
USA

DOCUMENT NUMBER: 41518800002
FILING NUMBER: 14-73986094
FILING DATE: 02/07/2014 13:27
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1a. INITIAL FINANCING STATEMENT FILE #
12-7334957172

1b. ☐ **This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.**

2. ☑ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination.

3. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.
☐ DELETE name: Give record name to be deleted in item 6a or 6b.
☐ ADD name: Complete item 7a or 7b, and also item 7c

6. CURRENT RECORD INFORMATION:

OR	**6a. ORGANIZATION'S NAME**			
	6b. INDIVIDUAL'S LAST NAME	**FIRST NAME**	**MIDDLE NAME**	**SUFFIX**

7. CHANGED (NEW) OR ADDED INFORMATION:

OR	**7a. ORGANIZATION'S NAME**				
	7b. INDIVIDUAL'S LAST NAME	**FIRST NAME**	**MIDDLE NAME**		**SUFFIX**
7c. MAILING ADDRESS		**CITY**	**STATE**	**POSTAL CODE**	**COUNTRY**
7d. SEE INSTRUCTIONS	**ADD'L DEBTOR INFO**	**7e. TYPE OF ORGANIZATION**	**7f. JURISDICTION OF ORGANIZATION**	**7g. ORGANIZATIONAL ID#, if any** ☐ **NONE**	

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this amendment.

OR	**a. ORGANIZATION'S NAME** Knobbe, Martens, Olson & Bear, LLP			
	b. INDIVIDUAL'S LAST NAME	**FIRST NAME**	**MIDDLE NAME**	**SUFFIX**

10. OPTIONAL FILER REFERENCE DATA
OSEON - UCC3

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