

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3435354

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE OF SECURITY INTEREST
CONVEYING PARTY DATA	
Name	Execution Date
COMERICA BANK	11/05/2014
RECEIVING PARTY DATA	
Name:	ALTA ANALOG, INC.
Street Address:	24020 SUMMIT WOODS DRIVE
City:	LOS GATOS
State/Country:	CALIFORNIA
Postal Code:	95033
PROPERTY NUMBERS Total: 6	
Property Type	Number
Patent Number:	6693828
Patent Number:	6985372
Patent Number:	7061380
Patent Number:	7233305
Patent Number:	7554843
Patent Number:	7557788
CORRESPONDENCE DATA	
Fax Number:	(347)772-3034
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	6505647720
Email:	lewis@hudnelllaw.com
Correspondent Name:	LEWIS E. HUDNELL III
Address Line 1:	800 W. EL CAMINO REAL
Address Line 2:	SUITE 180
Address Line 4:	MOUNTAIN VIEW, CALIFORNIA 94040
ATTORNEY DOCKET NUMBER:	PHE.002
NAME OF SUBMITTER:	LEWIS E. HUDNELL III
SIGNATURE:	/Lewis E. Hudnell III/
DATE SIGNED:	07/13/2015

Total Attachments: 1

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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRfiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
92989309 - 350410 - 11/5/2014 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: California (S.O.S.)

Filing #: 1474354250
 Book #:
 Page #:
 Filing Date: 11/5/2014

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 10-7237207463 07/01/2010	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

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

5. **PARTY INFORMATION CHANGE:**
 Check one of these two boxes: AND Check one of these three boxes to:
 This Change affects Debtor or Secured Party of record CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME **Comerica Bank**

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME **Comerica Bank**

OR

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS 1800 Bering Drive, MC 4770	CITY San Jose	STATE CA	POSTAL CODE 95112	COUNTRY USA
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8. **COLLATERAL CHANGE:** Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
 Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
 If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME **Comerica Bank**

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA: 95820 - ALTA ANALOG INC Debtor: ALTA ANALOG, INC 92989309