## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4405480

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

### **CONVEYING PARTY DATA**

Name	Execution Date
LBC CREDIT PARTNERS III, L.P.	12/19/2016
PNC BANK, NATIONAL ASSOCIATION	12/19/2016

### **RECEIVING PARTY DATA**

Name:	DELTAVALVE, LLC
Street Address:	16315 MARKET STREET
City:	CHANNELVIEW
State/Country:	TEXAS
Postal Code:	77530
Name:	DOWNSTREAM AGGREGATOR, LLC
Street Address:	16315 MARKET STREET
City:	CHANNELVIEW
State/Country:	TEXAS
Postal Code:	77530
Name:	TAPCOENPRO, LLC
Street Address:	16315 MARKET STREET
City:	CHANNELVIEW
State/Country:	TEXAS
Postal Code:	77530

## **PROPERTY NUMBERS Total: 35**

504358788

Property Type	Number
Application Number:	13283950
Application Number:	09946917
Application Number:	10096301
Application Number:	10274280
Application Number:	10442673
Application Number:	10997834
Application Number:	10873022
Application Number:	10411849
Application Number:	10997034

**PATENT** 

**REEL: 042306 FRAME: 0835** 

Property Type	Number
Application Number:	11353299
Application Number:	10983417
Application Number:	11245384
Application Number:	11396982
Application Number:	11111480
Application Number:	12018468
Application Number:	11682592
Application Number:	12043855
Application Number:	12348756
Application Number:	11202883
Application Number:	12408582
Application Number:	12848013
Application Number:	10731874
Application Number:	12703644
Application Number:	12348768
Application Number:	11151055
Application Number:	12369691
Application Number:	12728088
Application Number:	13460672
Application Number:	14534515
Application Number:	11679593
Application Number:	09033420
Application Number:	09024964
Application Number:	09376119
Application Number:	13235684
Application Number:	10916713

#### **CORRESPONDENCE DATA**

Fax Number:

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.

Email: mvisconti@nutter.com

Correspondent Name: NUTTER MCCLENNEN & FISH LLP

Address Line 1: 155 SEAPORT BLVD

Address Line 4: BOSTON, MASSACHUSETTS 02210

NAME OF SUBMITTER:	MICHAEL P. VISCONTI, III
SIGNATURE:	/Michael P. Visconti, III/
DATE SIGNED:	05/09/2017

**Total Attachments: 6** 

PATENT REEL: 042306 FRAME: 0836



PATENT REEL: 042306 FRAME: 0837

## MENDMENT

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)		-	Del	aware Department of S	tate
<b>,</b>			F	U.C.C. Filing Section led: 05:09 PM 12/19/20	16
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1		Initial Filing No: 2015	T T 4
CT Corporation				endment No: 20167879.	
4400 Easton Commons Way	1		Servi	e Request No: 201671	57573
Columbus, Ohio 43219					
Filed	In: Delaware				
<b>1</b>	(S.O.S.)	This said of the last time and the last			
a. Initial Financing Statement File Number				R FILING OFFICE USE	يسترجب والمراجب والمنافق والمن
20153506432		(or recorded) in the REAL	ESTATE		•
2. 7 TERMINATION: Effectiveness of the Financing Statement identified a	bove is terminated	Annual Statement Sta	-		Name of Street, or other party of the street, or other party or other party of the street, or other party or ot
Statement				_	
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affects.		<u> </u>	f Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	d above with respec	t to the security interest(s) of Secu	ared Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:		transfer transfer		. The state of the	6
Check one of these two hoves:  AND Check	one of these three t				
Ct	HANGE name and/or m 6a or 8b; and item	address: Complete ADD nam 7a or 7b and item 7c 7a or 7b,	e: Comple <u>and</u> item 7		Give record name tem 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information C     6a. ORGANIZATION'S NAME	hange - provide only	one name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)//NITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	rmation Change - provide	only one name (7a or 7b) (use exact, full na	me; do not a	mit, medify, or abbreviate any part o	f the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME				***************************************	
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2 CONTATEDRICE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	100 3	Dourress Do	COTATO.		chinkiil-tani
COLLATERAL CHANGE: Also check one of these four boxes:  Indicate collateral:	ADD collateral	DELETE collateral R	ESIALE	overed collateral	ASSIGN collateral
Transaction (Control of the Control					
				Manager cooperate	0.000.00.00
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provi</li> </ol>	S AMENDMENT: de name of authorizi		ame of As	signor, if this is an Assignme	nt)
9a ORGANIZATION'S NAME LBC Credit Partners III, L.P.	mone of budgott				· · · · · · · · · · · · · · · · · · ·
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		2.20.20.20.20.20.20.20.20		A	1
10. OPTIONAL FILER REFERENCE DATA: Debtor: DeltaValve,	LLC  LBC/D	ownstream (885677.60	W12)]		

**REEL: 042306 FRAME: 0838** 

1100	CINIANCINO	CTATEMENT	AMENIDAGE

**FOLLOW INSTRUCTIONS** 

# UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)		1	Delaware Departme U.C.C. Filing S	ection
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		_	Filed: 05:21 PM 12 U.C.C. Initial Filing No.	
			Amendment No: 20	
CT Corporation	I		Service Request No:	20167157908
4400 Easton Commons Way				
Columbus, Ohio 43219	Filed In: Delaware			
	(S.O.S.)			
<b>L</b>	(0.0.0.)	THE ABOVE SPA	CE IS FOR FILING OFFIC	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATES	MENT AMENDMENT is to be t	
20152844404		(or recorded) in the REAL Filer. attach Amendment Add	. ESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> prov	ide Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement id Statement	entified above is terminated	with respect to the security interes	st(s) of Secured Party authoriz	zing this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 <u>and</u> also indicate.			f Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	identified above with respe	ct to the security interest(s) of Secu	ured Party authorizing this Co	ontinuation Statement is
5. PARTY INFORMATION CHANGE:	J			
Check one of these two boxes:	D Check one of these three		O 1	w
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item	r address: Complete ADD nam n 7a or 7b <u>and</u> item 7c 7a or 7b,		E name: Give record name eleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Info	rmation Change - provide on	y <u>one</u> name (6a or 6b)		
6a, ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment	or Party Information Change - provid	e only one name (7a or 7b) (use exact, full na	rne; do not omit, modify, or abbreviate	any part of the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME	***************************************		International Control of the Control	***************************************
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE   POSTAL CODE	COUNTRY
to manage	017.		SIAIL I OSIAL GODE	COOKIKI
8. COLLATERAL CHANGE: Also check one of these four boxe	s: ADD collateral	DELETE collateral R	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 NAMEPNC Bank, National Association	ı, as Agent					
OR	96. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			

10. OPTIONAL FILER REFERENCE DATA: Debtor: DeltaValve, LLC - 074658-15033

1220 94994

PATENT **REEL: 042306 FRAME: 0839** 

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## NT

FOLLOW INST	RUCTIONS				
A. NAME & P	IONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)		Delaware Department of State U.C.C. Filing Section			
C SEND ACK	NOWLEDGMENT TO: (Name and Address)			Filed: 05:22 PM 12/19/20	
	•			U.C.C. Initial Filing No: 2015.3 Amendment No: 201678790	
	orporation			Service Request No: 201671	
	Easton Commons Way nbus, Ohio 43219				7 17 17
Conn	mous, Omo 45219	Ellad Inc Database			
lı		Filed In: Delaware (S.O.S.)			
<b>L</b>		(0.0.0.)	THE ABOVE SPACE	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINA 20153506	NCING STATEMENT FILE NUMBER 671		(or recorded) in the REAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS lendum (Form UCC3Ad) and provide Debto	
2. TERMIN Statemen	IATION: Effectiveness of the Financing Statement ident	entified above is terminated			
	MENT (full or partial). Provide name of Assignee in a sasignment, complete items 7 and 9 <u>and</u> also indicate			f Assignor in item 9	
	IUATION: Effectiveness of the Financing Statement for the additional period provided by applicable law	identified above with respec	t to the security interest(s) of Secu	red Party authorizing this Continuation	on Statement is
5. PARTY	NFORMATION CHANGE:		.00	a agai waxa aa waxaan,	- Angel
Check one of	these two boxes:	D Check one of these three b			A
This Change	iffects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item	7a or 7b and item 7c 7a or 7b,	ne: Complete item DELETE name: and item 7c to be deleted in i	Give record name tem 6a or 6b
·	RECORD INFORMATION: Complete for Party Infor IZATION'S NAME	mation Change - provide only	one name (6a or 6b)		
OR 66. INDIVID	UAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED	OR ADDED INFORMATION: Complete for Assignment of	r Party Information Change - provide	only one name (7a or 7b) (use exact; full na	me; do not omit, modify, or abbreviate any part c	f the Debtor's name)
7a. ORGAN	IZATION'S NAME				
OR 76. INDIVID	UAL'S SURNAME	***************************************			
INDIVIE	UAL'S FIRST PERSONAL NAME				
INDIVIC	UAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING AD	DRESS	СПУ		STATE POSTAL CODE	COUNTRY
8. COLLAT	ERAL CHANGE: Also check one of these four boxes	ADD collateral	DELETE collateral R	ESTATE covered collateral	\SSIGN collateral
Indicate of			Table 1 March	1	COOLORY CONTRACTOR
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	ECURED PARTY OF RECORD AUTHORIZIN			ame of Assignor, if this is an Assignme	ni)
	mendment authorized by a DEBTOR, check here it is ization's NAME_LBC_Credit_Partners III,	and provide name of authorizi	isg Deptor	eradiinalaserammikra meeri ee ee eleministaanistaanistaanise ee eleminista ee eleminista ee eleminista ee eleminis	
	The Credit Cartillers III.	, New a T or			
OR 96. INDIVID	UAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10 OPTIONS	EN ED DEFEDENCE DATA-Dabta Dames	troom Aggregat	I C II PC/Desenters	100 (885877 60013)I	<u> </u>
TO OF LICINAL	FILER REFERENCE DATA: Debtor: Downs	su cam Ayyreyalor	, LLO [LDO/DOWNSHEA	лн (0000/7.0001Z)]	

UCC FINANCING STATEMENT AMENDMENT	
FOLLOWINSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. E-MAIL CONTACT AT FILER (optional)	Delaware Department of State U.C.C. Filing Section
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	Filed: 05:26 PM 12/19/2016 U.C.C. Initial Filing No: 2015 2844412
	Amendment No: 20167880022 Service Request No: 20167158079
CT Corporation 4400 Easton Commons Way	
Columbus, Ohio 43219 Filed In: Delawar	re
(S.O.S	ÿ- g . □
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20152844412	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.	Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 1
Statement	tied wat respect to the section, interesting to Sectified Facty additioning this Fernillation
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address For partial assignment, complete items 7 and 9 and also indicate affected collateral in	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with recontinued for the additional period provided by applicable law	spect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE;	
Check one of these two boxes:  AND Check one of these the CHANGE name are	ree boxes to advor address: CompleteADD name: Complete itemDELETE name: Give record name
This Change affects Debtor or Secured Party of record item 6a or 6b; and	item 7a or 7b <u>and</u> item 7c 7a or 7b, <u>and</u> item 7c to be deleted in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide     6a, ORGANIZATION'S NAME.	only <u>obe</u> name (ba or ob)
OR 6b. INDIVIDUAL'S SURNAME FIRST PE	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - p	rovide 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	
OR 7b. INDIVIDUAL'S SURNAME	
10. No induce a containe	
4. In the state of the stat	

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 NAMEPNC Bank, National Association, as Agent				
OR	96. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)//NITIAL(S)	SUFFIX	

DELETE collateral

CITY

10. OPTIONAL FILER REFERENCE DATA: Debtor: Downstream Aggregator, LLC - 074658-15033

1220 94826

SUFFIX

COUNTRY

ASSIGN collateral

PATENT PATENT REEL: 042306 FRAME: 0841

POSTAL CODE

RESTATE covered collateral

INDIVIDUAL'S FIRST PERSONAL NAME

7c. MAILING ADDRESS

Indicate collateral:

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral

UCC FINANCING	STATEMENT	AMENDA	ΛEI

#### NT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) **Delaware Department of State** B. E-MAIL CONTACT AT FILER (optional) U.C.C. Filing Section Filed: 05:28 PM 12/19/2016 C. SEND ACKNOWLEDGMENT TO: (Name and Address) U.C.C. Initial Filing No: 2015 3506804 Amendment No: 20167880121 CT Corporation Service Request No: 20167158129 4400 Easton Commons Wat Columbus, Ohio 43219 Filed In: Delaware (S.O.S.) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 20153506804 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13: 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 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 PARTY INFORMATION CHANGE: AND Check one of these three boxes to Check one of these two boxes: 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, <u>and</u> item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME OR 66. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 OR 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 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 LBC Credit Partners III, L.P. ADDITIONAL NAME(S)/INITIAL(S) 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX

REEL: 042306 FRAME: 0842

10. OPTIONAL FILER REFERENCE DATA: Debtor: TapcoEnpro, LLC [LBC/Downstream (885677.60012)]

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**FOLLOW INSTRUCTIONS** 

# UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)		1	Delaware Departme U.C.C. Filing S	ection
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			Filed: 05:29 PM 1 U.C.C. Initial Filing No	
_	سننسنف		Amendment No: 20	
			Service Request No:	
CT Corporation				
4400 Easton Commons Way Columbus, Ohio 43219	Filed In: Delaware			
	(S.O.S.)			
	(0.0.0.)	THE ABOVE SPA	CE IS FOR FILING OFFIC	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20152844420		(or recorded) in the REAL		
2. Z TERMINATION: Effectiveness of the Financing Statement idea	itified above is terminated		dendum (Form UCC3Ad) and prov st(s) of Secured Party authori	
Statement				
ASSIGNMENT (full or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 <u>and</u> also indicate			of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law.	lentified above with respec	ct to the security interest(s) of Sec	ured Party authorizing this Co	ontinuation Statement is
5. PARTY INFORMATION CHANGE:		Addition to	A	
Check one of these two boxes:  AND	Check one of these three t		and the second second	
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item	7a or 7b and item 7c 7a or 7b	ne: Complete item DELET and item 7c to be de	E name: Give record name eleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inform	ation Change - provide only	/ <u>one</u> name (6a or 6b)		
Ba, ORGANIZATION'S NAME				
OR CO. INDUSTRIALIS SUBMANE				
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITI	IAL(S) SUFFIX
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or</li> <li>ORGANIZATION'S NAME</li> </ol>	Party Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full n	ame; do not omit, modify, or abbreviate	any part of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME	***************************************	<del>isin missin manasin masin ma</del>	***************************************	
INDIVIDUAL'S FIRST PERSONAL NAME	makan dipunun salah di maja serence salah di maja serence salah di maja serence salah di maja serence salah di	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	raineanniannumineaineannannannannannium	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	СІТУ		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:		the second of th		£

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 PNC Bank, National Association, as Agent					
OR.	9b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	

10. OPTIONAL FILER REFERENCE DATA: Debtor: Tapco Enpro, LLC - 074658-15033

1220 94602

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11) **REEL: 042306 FRAME: 0843** 

**RECORDED: 05/09/2017** 

PATENT