# 504529621 08/31/2017

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4576327

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

#### **CONVEYING PARTY DATA**

Name	Execution Date	
CREDIT SUISSE (AG), CAYMAN ISLANDS BRANCH, AS ADMINISTRATIVE AGENT AND COLLATERAL AGENT	08/16/2013	

### **RECEIVING PARTY DATA**

Name:	HARLAND FINANCIAL SOLUTIONS, INC.		
Street Address:	605 CRESCENT EXECUTIVE COURT SUITE 600		
City:	LAKE MARY		
State/Country:	FLORIDA		
Postal Code:	32746		

### **PROPERTY NUMBERS Total: 3**

Property Type	Number		
Patent Number:	D709914		
Patent Number:	D713411		
Patent Number:	D713412		

### **CORRESPONDENCE DATA**

**Fax Number:** (212)446-4900

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:** susan.zablocki@kirkland.com

Correspondent Name: SUSAN ZABLOCKI
Address Line 1: KIRKLAND & ELLIS LLP
Address Line 2: 601 LEXINGTON AVENUE
Address Line 4: NEW YORK, NEW YORK 10022

ATTORNEY DOCKET NUMBER: 13795-10

NAME OF SUBMITTER: SUSAN ZABLOCKI

SIGNATURE: /susan zablocki/

DATE SIGNED: 08/31/2017

**Total Attachments: 1** 

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		OR Sec of Sta 08/16/20	ate )13		
CC FINANCING STATEN Lien#: 760	7602924-2 <sub>-</sub> 2924-2	5842388 -	JCC		
NAME & PHONE OF CONTACT AT FILER (optional)	<del></del>	1			
E-MAIL CONTACT AT FILER (optional)		1			
SEND ACKNOW FORMENT TO: /Name and Address)					
Corporation Service Compar	∩y				
285 Liberty St. NE	•				
Salem, OR 97301			r 10 F0D	THE INC OFFICE USE	OMI V
NITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATEM	ENT AMEN		
602924 filed 5/1/2007		(or recorded) in the REAL E Filer: attach Amendment Adde	ndum (Form	UCC3Ad) <u>and</u> provide Debto	
✓ TERMINATION: Effectiveness of the Financing Statement is Statement	dentified above is terminated	with respect to the security interest	(s) of Secu	red Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indice	item 7a or 7b, <u>and</u> address ate affected collateral in item	of Assignee in item 7c <u>and</u> name of 8	Assignor i	n item 9	
CONTINUATION: Effectiveness of the Financing Statemen continued for the additional period provided by applicable law	nt identified above with respec		red Party a	authorizing this Continuati	on Statement is
PARTY INFORMATION CHANGE:					
Check one of these two boxes:  All  This Change affects Debtor or Secured Party of record	ND Check <u>one</u> of these three : CHANGE name and/or item 6a or 6b; <u>and</u> item	address: CompleteADD name	e: Complete		Give record nam
CURRENT RECORD INFORMATION: Complete for Party Info					
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME	t or Party Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact, fu <b>il</b> nam	ne; do not om	it, modify, or abbreviate any part o	of the Debtor's name)
R 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			**		SUFFIX
. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
			1		<del></del>
COLLATERAL CHANGE: Also check one of these four box	xes: ADD collateral	DELETE collateral R	ESTATE D	overed collateral	ASSIGN collater
COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four box Indicate collateral:	ces: ADD collateral	DELETE collateral R	ESTATÉ D	overed collateral	ASSIGN collaters
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Indicate collateral:					
Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZ		Provide only <u>one</u> name (9a or 9b) (r			
Indicate collateral:  NAME of SECURED PARTY of RECORD AUTHORIZE If this is an Amendment authorized by a DEBTOR, check here 99. ORGANIZATION'S NAME	ZING THIS AMENDMENT:  ] and provide name of author	: Provide only <u>one</u> name (9a or 9b) (r izing Debtor			
Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZ If this is an Amendment authorized by a DEBTOR, check here	ZING THIS AMENDMENT:  ] and provide name of author	. Provide only <u>one</u> name (9a or 9b) (r izing Deblor <b>n.t</b>	name of As		
Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZ If this is an Amendment authorized by a DEBTOR, check here  9a. ORGANIZATION'S NAME  Credit Suisse AG, Cayman Islands 9b. INDIVIDUAL'S SURNAME	ZING THIS AMENDMENT:  and provide name of author  Branch, as Agel	Provide only <u>one</u> name (9a or 9b) (r izing Deblor <b>n.t</b> ONAL NAME	name of As	signor, if this is an Assignm NAL NAME(S)/INITIAL(S)	vent)

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**RECORDED: 08/31/2017**