

<b>PATENT ASSIGNMENT COVER SHEET</b>
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Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT5270915

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	RELEASE OF SECURITY INTEREST
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
DOLLAR BANK, FEDERAL SAVINGS BANK	10/07/2014
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	CHEETAH TECHNOLOGIES, L.P.
<b>Street Address:</b>	493 NIXON ROAD
<b>City:</b>	CHESWICK
<b>State/Country:</b>	PENNSYLVANIA
<b>Postal Code:</b>	15024
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Patent Number:</b>	7567520
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(360)647-0412
<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>	
<b>Phone:</b>	3606470400
<b>Email:</b>	hm@schachtlaw.com
<b>Correspondent Name:</b>	SCHACHT LAW OFFICE, INC.
<b>Address Line 1:</b>	310 E MAGNOLIA ST, STE 201
<b>Address Line 4:</b>	BELLINGHAM, WASHINGTON 98225
<b>ATTORNEY DOCKET NUMBER:</b>	M218194
<b>NAME OF SUBMITTER:</b>	HELEN MANN
<b>SIGNATURE:</b>	/helen mann/
<b>DATE SIGNED:</b>	12/06/2018
<b>Total Attachments: 1</b>	
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**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) UNISEARCH, INC., UNISEARCH, INC. (360) 956-9500
B. E-MAIL CONTACT AT FILER (optional) kristy.bertsch@unisearch.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  UNISEARCH, INC. UNISEARCH, INC. 1780 BARNES BLVD SW TUMWATER WA 98501 EMail: kristy.bertsch@unisearch.com Fax: (360) 956-9504

Barcode too big to fit in this area

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1a. INITIAL FINANCING STATEMENT FILE # 2009060801416	1b. This FINANCING STATEMENT AMENDMENT is to be filed[for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/> 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 security interest(s) of the 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 security interest(s) of the 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:  Debtor or  Secured Party of record  
 AND Check one of these three boxes:  
 CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  
 ADD name: Complete item 7a, 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				
OR	6b. 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	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

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 Cheetah Technologies, L.P.				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA  
 2049838.00005 File with PA Sec of the Commonwealth