

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6196171

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

CONVEYING PARTY DATA

Name	Execution Date
PARTNERS FOR GROWTH IV, L.P.	07/08/2020

RECEIVING PARTY DATA

Name:	TRIAD SEMICONDUCTOR, INC.
Street Address:	1760 JONESTOWN ROAD, SUITE 100
City:	WINSTON-SALEM
State/Country:	NORTH CAROLINA
Postal Code:	27103

PROPERTY NUMBERS Total: 14

Property Type	Number
Patent Number:	6580289
Patent Number:	6693454
Patent Number:	6873185
Patent Number:	7248071
Patent Number:	7334208
Patent Number:	7378874
Patent Number:	7538580
Patent Number:	7692309
Patent Number:	7930670
Patent Number:	7335966
Patent Number:	7449371
Patent Number:	7595229
Patent Number:	7626272
Patent Number:	7972907

CORRESPONDENCE DATA

Fax Number: (919)882-8195

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.

Phone: 9193482194

Email: docket@nkpatentlaw.com

Correspondent Name:	NK PATENT LAW
Address Line 1:	4917 WATERS EDGE DRIVE, SUITE 275
Address Line 4:	RALEIGH, NORTH CAROLINA 27606

ATTORNEY DOCKET NUMBER:	1041/1 MISC
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NAME OF SUBMITTER:	DONNA M. DONOVAN
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SIGNATURE:	/Donna M. Donovan/
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DATE SIGNED:	07/13/2020
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Total Attachments: 1

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**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT AMENDMENT FORM**

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON

BOWLES & JOHNSON PLLC; 5042500686

Email MAGGIER@BOJO.LAW

B. SEND ACKNOWLEDGEMENT TO:

Florida Secured Transaction Registry

FILED

2020 Jul 08 06:44 PM

***** 202003236781 *****

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 201606634313

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

2. CURRENT RECORD INFORMATION - DEBTOR NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b)

2a. ORGANIZATION'S NAME

TRIAD SEMICONDUCTOR, INC.

2b. INDIVIDUAL'S NAME (SURNAME, FIRST PERSONAL NAME, ADDITIONAL NAME(S)/INITIAL(S), SUFFIX)

3. CURRENT RECORD INFORMATION - SECURED PARTY NAME - INSERT ONLY ONE SECURED PARTY NAME (3a OR 3b)

3a. ORGANIZATION'S NAME

PARTNERS FOR GROWTH IV, L.P.

3b. INDIVIDUAL'S NAME (SURNAME, FIRST PERSONAL NAME, ADDITIONAL NAME(S)/INITIAL(S), SUFFIX)

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

5. ☐ **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.

6. ☐ **ASSIGNMENT:** ☐ FLS or ☐ Parties: Give name of assignee in item 9a or 9b and address of assignee in item 9c, and also give name of assignor in item 11.

7. ☐ **AMENDMENT** (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 8 and/or 9.

☐ **CHANGE** name and/or address. Give current record name in item 8a or 8b; Also give new name (if name change) in item 9a or 9b and/or new address (if address change) in item 9c. ☐ **DELETE** name: Give record name to be deleted in item 8a or 8b. ☐ **ADD** name: Complete item 8a or 8b, and also complete items 9a-9c (if applicable).

8. CURRENT RECORD INFORMATION - INSERT ONLY ONE NAME (8a OR 8b) - Do Not Abbreviate or Combine names

8a. ORGANIZATION'S NAME

8b. INDIVIDUAL'S NAME (SURNAME, FIRST PERSONAL NAME, ADDITIONAL NAME(S)/INITIAL(S), SUFFIX)

9. CHANGED (NEW) OR ADDED INFORMATION: - INSERT ONLY ONE NAME (9a OR 9b) - Do Not Abbreviate or Combine names

9a. ORGANIZATION'S NAME

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

9c. MAILING ADDRESS Line One

This space not available.

MAILING ADDRESS Line Two

CITY

STATE

POSTAL CODE

COUNTRY

10. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral: ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

11. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT

(Name of assignor, if this is an Assignment; if it is an Amendment authorized by a Debtor, which adds collateral or alters the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.)

11a. ORGANIZATION'S NAME

PARTNERS FOR GROWTH IV, L.P.

11b. INDIVIDUAL'S NAME (SURNAME, FIRST PERSONAL NAME, ADDITIONAL NAME(S)/INITIAL(S), SUFFIX)

12. OPTIONAL FILER REFERENCE DATA

STANDARD FORM - FORM UCC-3 (REV.08/2018)

Filing Office Copy

Approved by the Secretary of State, State of Florida