

FORM PTU-1594  
 COMMERCE  
 (Rev. 07/05)  
 OMB No. 0651-0027 (exp. 06/30/2008)

U.S. DEPARTMENT OF

RECORDATION FORM COVER SHEET

United States Patent and Trademark Office

TRADEMARKS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):  
 Silicon Valley Bank  
 3003 Tasman Drive  
 Santa Clara, CA 95054

Individual(s)  Association

2. Name and address of receiving party(ies):  
 Additional name(s) of conveying parties attached?  Yes  No

Name: **Compasslearning, Inc.**

Internal Address:

General Partnership  Limited Partnership

Corporation-State: CA

Other

Additional name(s) of conveying parties attached?  Yes  No

Street Address: **203 Colorado Street**

City: **Austin**  
 State: **TX**  
 Country: **USA**  
 Zip: **78701**

3. Nature of conveyance/ Execution Date(s):

Execution Date(s): **January 3, 2012**

Assignment  Merger

Security Agreement  Change of Name

Other : **Release**

Association Citizenship  
 General Partnership Citizenship  
 Limited Partnership Citizenship  
 Corporation Citizenship : **United States, Delaware**  
 Other Citizenship

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
 (Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark:	
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
<b>77899827</b>	<b>2725691</b>
<b>85097840</b>	<b>2728031</b>
	<b>2800981</b>

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

Additional sheets attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **UCC Direct Services**

Internal Address: **Attn: 14080632**

Street Address: **187 Wolf Road, Suite 101**

City: **Albany** State: **NY** ZIP: **12205**

Phone Number: **1-800-342-3676 X 4065**

Fax Number: **1-800-962-7049**

Email Address: **cls-udsalbany@wolterskluwer.com**

6. Total number of applications and registrations involved: **5**


7. Total fee (37 CFR 2.6 (b)(6) & 3.41): **\$ 140.00**

Authorized to be charged by credit card  
 Authorized to be charged to deposit account  
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers **1640**  
 Expiration Date **10/13**

b. Deposit Account Number  
 Authorized User Name

9. Signature   
 Signature  
**Joseph D Borgman**  
 Name of Person Signing

**1/5/12**  
 Date

Total number of pages including cover sheet, attachments, and document:

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22304-1450

OP \$140.00 7789982

**RELEASE OF SECURITY AGREEMENT COVERING  
INTERESTS IN TRADEMARKS**

**Silicon Valley Bank** ("Secured Party"), hereby releases its security interest in the interests of **Compasslearning, Inc.** ("Assignor") in the trademarked works set forth in that certain **Intellectual Property Security Agreement** dated, 09/30/2010, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on 10/18/2010, Reel 4298, Frame 0398.

Dated: **January 3, 2012**

SILICON VALLEY BANK

By:   
Name: Romil Randhawa  
Title: Operations Manager