

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

TO THE ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): (If multiple assignors, list numerically)

MAUI GREEN WAVE, INC.

11/05/01

- () Individual
() Association
() General Partnership
() Limited Partnership
(X) Corporation - State Hawaii
() Other:

Additional name(s) of conveying party(ies) attached?
() Yes (X) No

2. Name and address of receiving party(ies):

Name: KNOBBE, MARTENS, OLSON & BEAR, LLP
Internal Address: Sixteenth Floor
Street Address: 620 Newport Center Drive
City: Newport Beach State: CA ZIP: 92660

- () Individual
() Association
() General Partnership
(X) Limited Partnership
() Corporation - State
() Other:

11-05-2001



101893286

If assignee is not domiciled in the United States, a domestic representative designation is attached: () Yes (X) No

(Designations must be a separate document from Assignment)
Additional name(s) and address(es) attached?
() Yes (X) No

3. Nature of conveyance:

- () Assignment
() Merger
() Security Agreement
() Change of Name
(X) Other: Security Interest

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) September 7, 2001

4. Application number(s) or registration number(s):

- a. Trademark Registration No(s): 2,457,619
b. Trademark Registration No(s): 2,446,674

Additional numbers attached? () Yes (X) No

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

Name: James B. Bear
KNOBBE, MARTENS, OLSON & BEAR, LLP
Customer No. 20,995
Internal Address: Sixteenth Floor
Street Address: 620 Newport Center Drive
City: Newport Beach State: CA ZIP: 92660
Attorney's Docket No.: MAUIG.UCCI

7. Total fee (37 CFR 1.21(h)): \$65.00

- () Enclosed
(X) Authorized to be charged to deposit account

8. Deposit account number: 11-1410

Please charge this account for any additional fees which may be required, or credit any overpayment to this account.

6. Total number of applications and registrations involved: 2

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct, and any attached copy is a true copy of the original document.

James B. Bear
Name of Person Signing

Signature

Date 11/1/01

Total number of pages including cover sheet, attachments and document: 2

Mail documents to be recorded with required cover sheet information to:

11/06/2001 6T0H11 00000007 2457619

01 FC:481
02 FC:482

40.00 OP
25.00 OP

U.S. Patent and Trademark Office
Attn: Assignment Division
Crystal Gateway-4
1213 Jefferson Davis Highway, Suite 320
Arlington, VA 22202

STATE OF HAWAII
BUREAU OF CONVEYANCES
RECORDED

SEP 07, 2001 08:30 AM

Doc No(s) 2001-141271

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Cristina Diaz 949-863-5781

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Knobbe, Martens, Olson & Bear, LLP
Attn: Cristina Diaz
620 Newport Center Drive, 16th Floor
Newport Beach Ca 92660**

**/s/CARL T. WATANABE
ACTING
REGISTRAR OF CONVEYANCES**

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Maui Green Wave, Inc.		FIRST NAME		MIDDLE NAME		SUFFIX	
OR 1b. INDIVIDUAL'S LAST NAME		CITY Kihei		STATE HI	POSTAL CODE 96753	COUNTRY US	
1c. MAILING ADDRESS 404 Auhana				1f. JURISDICTION OF ORGANIZATION HI		1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE	
1d. TAX ID #	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corp.				

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
OR 2b. INDIVIDUAL'S LAST NAME		CITY		STATE	POSTAL CODE	COUNTRY	
2c. MAILING ADDRESS				2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	
2d. TAX ID #	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION				

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Knobbe, Martens, Olson & Bear, LLP		FIRST NAME		MIDDLE NAME		SUFFIX	
OR 3b. INDIVIDUAL'S LAST NAME		CITY Newport Beach		STATE CA	POSTAL CODE 92660	COUNTRY US	
3c. MAILING ADDRESS -620 Newport Center Drive, 16th Floor							

4. This FINANCING STATEMENT covers the following collateral:

**Trademark Allowed: 75/367403 Filed 10/3/97 Maui Green Wave
Registered Trademark: 2446674 Reg. Date 4/24/01 Maui Cruiser**

5. ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	7. Check to REQUEST SEARCH REPORT (S) on Debtor(s) (optional) (ADDITIONAL FEE)		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)