



102319228

TO THE ASSISTANT COMMISSIONER OF PA

ached original documents or copy thereof.

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

MARK RISKEY

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation - State
- Other:

12-23-02

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

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

Name: KNOBBE, MARTENS, OLSON & BEAR, LLP
Internal Address: Fourteenth Floor
Street Address: 2040 Main Street
City: Irvine **State:** CA **ZIP:** 92614

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation - State
- Other:

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)
Additional name(s) and address(es) attached?
 Yes No

3. Nature of conveyance:

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other: Security Interest

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) **November 22, 2002**

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

- a. Trademark Application No(s):
75/937,860
- b. Trademark Registration No(s):

Additional numbers attached? Yes 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: Fourteenth Floor
Street Address: 2040 Main Street
City: Irvine **State:** CA **ZIP:** 92614
Attorney's Docket No.: MRISKEY.UCC1

7. Total fee (37 CFR 1.21(h)): \$40.00

- Enclosed
- 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: 1

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

12/19/02
Date

Total number of pages including cover sheet, attachments and document: 3

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

12/23/2002 6TON11 00000206 75937860
01 FC:8521 40.00 DP

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

0232960810



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Cristina Diaz 949-721-5263

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Knobbe, Martens, Olson & Bear, LLP
 Attn: Cristina Diaz
 2040 Main Street
 14th Floor
 Irvine, Ca 92614



FILED
 SACRAMENTO, CA
 NOV 22, 2002 AT 1700
 BILL JONES
 SECRETARY OF STATE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
 Risky Mark J.

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 4516 North Highway 59 Merced CA 95348 US

1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any
 CA NONE

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

OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any
 NONE

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

OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
 Knobbe, Martens, Olson & Bear, LLP

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 2040 Main Street, 14th Floor Irvine CA 92614 CA

4. This FINANCING STATEMENT covers the following collateral:

"All of debtor's intellectual property which is the subject of secured party's representation, on any recoveries from litigation involving such intellectual property and on any other proceeds of such intellectual property, including but not limited to the property described on Attachment A hereto."

See Attached Exhibit "A"

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 if applicable. 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA



Trademark Status Report

Exhibit "A"

Case Number	Trademark Name	Class	Country	Status	Application Number	Filing Date	Reg Number	Reg Date	Renewal Date
MRISKEY.002T	JAM RELIEF	10	US	Allowed	75/937860	3/7/00			
MRISKEY.002WCN	JAM RELIEF	10	CN	Registered	2000138658	9/7/00	1729602	3/14/02	3/13/12
MRISKEY.002WEU	JAM RELIEF	10, 28	EU	Registered	1843523	9/7/00	1843523	11/20/01	9/7/10
MRISKEY.002WJP	JAM RELIEF	10	JP	Registered	98220/2000	9/7/00	4493287	7/19/01	7/19/11
MRISKEY.002WTH	JAM RELIEF	10	TH	Registered	431676	9/7/00	KOR142622	9/3/01	9/6/10
MRISKEY.002WTW	JAM RELIEF	10	TW	Registered	89052138	9/7/00	936126	3/16/01	3/15/11

Tuesday, November 19, 2002

Page 1 of 1