

Form PTO-1594
(Rev. 03/01)
OMB No. 0651-0027 (exp. 5/31/2002)

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Checkpoint LLC

- Individual(s)
- General Partnership
- Corporation-State
- Other California Limited Liab Co
- Association
- Limited Partnership

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

3. Nature of conveyance:

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

Execution Date: 12/18/2000

2. Name and address of receiving party(ies)

Name: Imperial Bank

Internal

Address:

Street Address: 9920 S. 1a Clenega Blvd

City: Inglewood State: CA Zip: 90301

- Individual(s) citizenship
- 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) & address(es) attached? Yes No

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2356703	2376376	2376378
2365728	2376377	2420454

Additional number(s) attached Yes No

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

Name: Altman & Martin

Internal Address: INDUI00101

Street Address: 6 Beacon Street, Suite 600

City: Boston State: MA Zip: 02108

6. Total number of applications and registrations involved:

6

7. Total fee (37 CFR 3.41).....\$ 165

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

13-4630

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

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.

Steven K. Martin

Name of Person Signing



Signature

09/24/2003

Date

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

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

CH \$165.00 134630 2356703

THIS SPACE FOR USE OF FILING OFFICER

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6/18/05 FILED #17994
SACRAMENTO, CA
DEC 18, 2000 AT 0800
BILL JONES
SECRETARY OF STATE

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 8 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional) 09 - SDM	B. FILING OFFICE ACCT. # (optional) CAP6-0001-070-40
D. RETURN COPY TO: (Name and Mailing Address) Imperial Bank Loan Documentation Services 9920 S. La Cienega Blvd., Suite 208 Inglewood, CA 90301	

RECEIVED JAN - 5 2001

D. OPTIONAL DESIGNATION (if applicable): LESSOR/LESSEE CONSIGNOR/CONSIGNEE NON-UCC FILING

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME Checkpoint LLC	1b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 3112 Kashiwa Street				CITY Torrance	STATE CA	COUNTRY USA	POSTAL CODE 90505
1d. S.S. OR TAX I.D.# 33-0711700	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION		1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE		

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

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

3. SECURED PARTY'S (ORIGINAL S/P OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME Imperial Bank	3b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 9920 S. La Cienega Blvd., Suite 208				CITY Inglewood	STATE CA	COUNTRY USA	POSTAL CODE 90301-4423

4. This FINANCING STATEMENT covers the following types or items of property: All personal property, whether presently existing or hereafter created or acquired, and wherever located, including but not limited to: (a) all accounts (including health-care-insurance receivables), chattel paper (including tangible and electronic chattel paper), deposit accounts, documents, equipment, general intangibles (including payment intangibles and software), instruments, inventory (including all goods held for sale or lease or to be furnished under a contract of service, and including returns and repossessions), investment property (including securities and securities entitlements), letter of credit rights, money, and all books and records with respect to any of the foregoing, and the computers and equipment containing said books and records; and (b) any and all cash proceeds and/or noncash proceeds thereof, including, without limitation, insurance proceeds, and all supporting obligations and the security therefor or for any right to payment. All terms above have the meanings given to them in the California Uniform Commercial Code, as amended or supplemented from time to time, including revised Division 9 of the Uniform Commercial Code—Secured Transactions, added by Stats. 1999, c.881 (S.B. 48), Section 35, operative July 1, 2001; whether any of the foregoing is owned now or acquired later; all accessions, additions,

(Continued on attached Financing Statement Addendum)

5. CHECK BOX This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in California already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions (additional date may be required) If filed in Florida (check one) Documentary stamp Documentary stamp tax paid Tax not applicable

6. REQUIRED SIGNATURES: This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable) a. Check to REQUEST SEARCH CERTIFICATE on each Debtor(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

FINANCING STATEMENT ADDENDUM — FOLLOW INSTRUCTIONS

THIS SPACE FOR USE OF FILING OFFICER

AdA. NAME OF FIRST DEBTOR ON RELATED FINANCING STATEMENT

ENTITY'S NAME Checkpoint LLC		
OR INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

AdB. MISCELLANEOUS:

Ad1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (Ad1a or Ad1b)

Ad1a. ENTITY'S NAME				
OR	Ad1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Ad1c. MAILING ADDRESS		CITY	STATE	COUNTRY
Ad1d. U.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	Ad1e. TYPE OF ENTITY	Ad1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	Ad1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE

Ad2. ADDITIONAL SECURED PARTY'S EXACT FULL LEGAL NAME - Insert only one name (Ad2a or Ad2b)

Ad2a. ENTITY'S NAME				
OR	Ad2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Ad2c. MAILING ADDRESS		CITY	STATE	COUNTRY

Ad3a. This FINANCING STATEMENT covers timber to be cut, minerals, or mineral-related accounts, or is filed as a fixture filing.

Ad3b. This FINANCING STATEMENT covers crops growing or to be grown on the real estate described below.

Ad4. Description of real estate:

Ad5. Additional collateral description: replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

Ad6. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

Ad8. REQUIRED SIGNATURE

Ad9. Debtor is a TRANSMITTING UTILITY (if applicable)