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07-21-2003

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7.17.03



TO THE ASSISTANT COMMISSIONER OF PATENT

and original documents or copy thereof.

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

OFFICE OF PUBLIC

102501883

Name of receiving party(ies):

LELAN ZALES

2003 JUL 17 PM 12:40

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:

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

FINANCE SECTION

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

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

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

- a. Trademark Application No(s):  
76/106,276
- b. Trademark Registration No(s):

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) **June 5, 2003**

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.: ZALES.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

7/14/03  
Date

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

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

07/18/2003 DBYRNE 00000230 76106276

01 FC:8521

40.00 OP

Mail Stop Assignment Recordation Services  
Director, U.S. Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

0316160909



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  
 JUN 05, 2003 AT 1700  
 KEVIN SHELLEY  
 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  
 Zales Lelan

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 5580 Rolanda Long Beach CA 90815 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) (OPTIONAL FEE)  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

ZALESL

TRADEMARK

# Trademark Status Report

# Exhibit "A"

Case Number	Trademark Name	Class	Country	Status	Application Number	Filing Date	Reg Number	Reg Date	Renewal Date
ZALESL003T	SAFE FACE AND DESIGN	18	US	Allowed	76/106276	8/9/00			
ZALESL003WJP	SAFE FACE and Design	18	JP	Pending	010770/2003	2/13/03			

