

11/12/03

REC 11-14-2003



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TO THE ASSISTANT COMMISSIONER OF PATENTS

original documents or copy thereof.

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

DAVID CHAUM

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

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

OFFICE OF PATENT RECORDS  
NOV 12 AM 10 23  
FINANCE SECTION

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) **September 29, 2003**

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

- a. Trademark Application No(s):  
76/124,278
- 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.. CHAUM.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

11/10/03  
Date

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

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

11/13/2003 ECOOPER 00000192 76124278

01 FC:8521

40.00 00

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

0327560072



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  
 SEP 29, 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: **Chaum** FIRST NAME: **David** MIDDLE NAME: SUFFIX:

1c. MAILING ADDRESS: **14652 Sutton Street** CITY: **Sherman Oaks** STATE: **CA** POSTAL CODE: **91403** COUNTRY: **US**

1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION: **CA** 1g. ORGANIZATIONAL ID #, if any  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: **Knobbe, Martens, Olson & Bear, LLP** FIRST NAME MIDDLE NAME SUFFIX:

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

CHAUM

# Trademark Status Report

Case Number	Trademark Name	Class	Country	Status	Application Number	Filing Date	Reg Number	Reg Date	Renewal Date
CHAUM.002T	CHIPLOCK	6,9	US	Allowed	76/124278	9/7/00			