

"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 below."

Trademark Status Report

Case Number	Trademark Name	Class	Country	Status	Application Number	Filing Date	Reg Number	Reg Date	Renewal Date
JEG.001TIS	LIVE-LITE		US	INFRNG					
JEG.002AM	LIVLITE	5	US	Opposition	784384954	3/16/2004			12/28/2004
JEG.002SCA	LIVLITE	42	USCA	Registered		7/27/2004	059498	8/27/2004	8/22/04
JEG.002T	LIVLITE	44	US	Pending	784456063	7/23/2004			
JEG.002WES	LIVLITE	41, 44	EU	Pending	844232905	1/17/2005			
JEG.002WAX	LIVLITE	44	MX	Pending	0897568	7/19/2005			

JEG:004T HAP 35 US Pending 78625785 5/9/2005

Case Number	Trademark Name	Class	Country	Status	Application Number	Filing Date	Reg Number	Reg Date	Renewal Date
JEG:005T	WEIGH 2 FREEDOM	42	US	Registered	755533925	9/9/1997	2248274	5/25/1999	5/25/20

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Stephen Ybarra (949) 760-0404
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614 USA

DOCUMENT NUMBER: 5042300002
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1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names					
OR	1a. ORGANIZATION'S NAME JEG Diversified Healthcare, Inc.				
	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 21600 Oxnard St. #1750		CITY Woodland Hills	STATE CA	POSTAL CODE 91367	COUNTRY USA
1d. SEE INSTRUCTIONS		ADD'L DEBTOR INFO	1e. TYPE OF ORGANIZATION Corp.	1f. JURISDICTION OF ORGANIZATION CA	1g. ORGANIZATIONAL ID#, if any <input checked="" type="checkbox"/> NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names					
OR	2a. ORGANIZATION'S NAME				
	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS		ADD'L DEBTOR INFO	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)					
OR	3a. ORGANIZATION'S NAME Knobbe, Martens, Olson & Bear LLP				
	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 2040 Main Street, 14th Floor		CITY Irvine	STATE CA	POSTAL CODE 92614	COUNTRY USA
4. This FINANCING STATEMENT covers the following collateral: See Attachment(s)					
5. ALT DESIGNATION: <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> 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] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA JEG					

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RECORDED: 10/05/2005

TRADEMARK
 REEL: 003204 FRAME: 0342