




02/07/2006

700242067

Client Code: NASMTTM.UCC1

**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

To the Director, U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): (List using letters or numbers for multiple parties)</p> <p>NAS MEDICAL TECHNOLOGIES, INC.</p> <p>( ) Individual                      ( ) General Partnership  ( ) Association                    ( ) Limited Partnership  ( ) Other:                            (X) Corporation of:     California</p> <p>Additional name(s) of conveying party(ies) attached?  ( ) Yes (X) No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: KNOBBE, MARTENS, OLSON &amp; BEAR, LLP  Internal Address: Fourteenth Floor  Street Address: 2040 Main Street  City: Irvine State: CA  ZIP: 92614</p> <p>( ) Individual                      ( ) General Partnership  ( ) Association                    (X) Limited Partnership  ( ) Other:                            ( ) Corporation of:</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached:  ( ) Yes (X) No</p> <p>Additional name(s) and address(es) attached?  ( ) Yes (X) No</p>
<p>3. Nature of conveyance:</p> <p>( ) Assignment                      ( ) Security Agreement  ( ) Merger                            ( ) Change of Name  (X) Other: Security  interest</p> <p>Execution Date: (List as in section 1 if multiple signatures) February 3, 2006</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s):  78/260122</p> <p>b. Trademark Registration No(s):</p> <p>Additional numbers attached?  (X) Yes ( ) No</p>
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p>Customer No. 20,995  Address: Knobbe, Martens, Olson &amp; Bear, LLP  2040 Main Street, 14<sup>th</sup> Floor  Irvine, CA 92614  Return Fax: (949) 760-9502  Attorney's Docket No.: NASMTTM.UCC1</p>	<p>6. Total number of applications and registrations involved:  1</p> <p>7. Total fee (37 CFR 1.21(h)): \$40.00  (X) Authorized to be charged to deposit account</p>
<p>8. Deposit account number: 11-1410</p> <p>Please charge this account for any additional fees which may be required, or credit any overpayment to this account.</p>	
<p>9. Statement and signature.</p> <p>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.</p> <p>James B. Bear                                            2/07/06  Name of Person Signing                      Signature                      Date</p> <p>Total number of pages including cover sheet, attachments and document: 3</p>	

Documents transmitted via Facsimile to be recorded with required cover sheet information to:

**Mail Stop Assignment Recordation Services**  
Director, U.S. Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Facsimile Number: (571) 273-0140

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

Stephen Ybarra  
(949) 721-5266

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Knobbe, Martens, Olson & Bear, LLP  
2040 Main Street, 14th Floor  
Irvine, CA 92614  
USA

DOCUMENT NUMBER: 0768150002

FILING NUMBER: 06-7057803117

FILING DATE: 02/03/2006 11:40

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
THE ABOVE SPACE IS FOR CA 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 NAS Medical Technologies, Inc.				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 9191 Towne Centre Drive, Suite 393		CITY San Diego	STATE CA	POSTAL CODE 92122
1d. SEE INSTRUCTIONS		1e. TYPE OF ORGANIZATION Incorporation	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)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. SEE INSTRUCTIONS		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 or ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Knobbe, Martens, Olson, & Bear LLP				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 2040 Main Street, Fourteenth Floor		CITY Irvine	STATE CA	POSTAL CODE 92614
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

See Attachment(s)

5. ALT DESIGNATION:  LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  G. 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  
NASMT

FILING OFFICE COPY

# Trademark Status Report

Case Number	Trademark Name	Class	Country	Status	Applicant Number	Filing Date	Reg Number	Reg Date	Renewal Date
WASMTD007	PROCYON	10	US	Allowed	71/65012	6/2/2003			
WASMTD008	PROCYON	10	US	Registered	68/37483	1/26/2001	6837483	5/25/2005	12/26/2015

Friday, February 03, 2006

Page 1 of 2