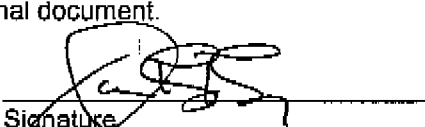


Client Code: PHAGE.UCC1

**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><b>PHAGE BIOTECHNOLOGY CORPORATION</b></p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> General Partnership  <input type="checkbox"/> Association                      <input type="checkbox"/> Limited Partnership  <input type="checkbox"/> Other:                              <input checked="" type="checkbox"/> Corporation of:  <span style="padding-left: 100px;">Delaware</span></p> <p>Additional name(s) of conveying party(ies) attached?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies):</p> <p><b>Name: KNOBBE, MARTENS, OLSON &amp; BEAR, LLP</b>  <b>Internal Address: Fourteenth Floor</b>  <b>Street Address: 2040 Main Street</b>  <b>City: Irvine State: CA</b>  <b>ZIP: 92614</b></p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> General Partnership  <input type="checkbox"/> Association                      <input checked="" type="checkbox"/> Limited Partnership  <input type="checkbox"/> Other:                              <input type="checkbox"/> Corporation of:</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Additional name(s) and address(es) attached?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment                      <input type="checkbox"/> Security Agreement  <input type="checkbox"/> Merger                              <input type="checkbox"/> Change of Name  <input checked="" type="checkbox"/> Other: <b>Security Interest</b></p> <p>Execution Date: (List as in section 1 if multiple signatures) <b>September 1, 2006</b></p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s):  <span style="padding-left: 20px;">78/377,293</span></p> <p>b. Trademark Registration No(s):</p> <p>Additional numbers attached?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p><b>Customer No. 20,995</b>  <b>Address: Knobbe, Martens, Olson &amp; Bear, LLP</b>  <span style="padding-left: 20px;">2040 Main Street, 14<sup>th</sup> Floor</span>  <span style="padding-left: 20px;">Irvine, CA 92614</span>  <b>Return Fax: (949) 760-9502</b>  <b>Attorney's Docket No.: PHAGE.UCC1</b></p>	<p>6. Total number of applications and registrations involved:  <span style="padding-left: 20px;">1</span></p> <p>7. Total fee (37 CFR 1.21(h)): \$40.00  <input checked="" type="checkbox"/> 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                                            <u>10/12/06</u>  Name of Person Signing                      Signature                      Date</p> <p style="text-align: center;">Total number of pages including cover sheet, attachments and document: 4</p>	

CH \$40.00 111410 7837293

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

\*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
PHAGE010T	SYNTROPIN	5	US	Allowed	783772933722004				
PHAGE010WJU	SYNTROPIN	5	ALL	Registered	1018693	9/27/2004	1494693	1/4/2005	9/27/07A
PHAGE010WCA	SYNTROPIN	5	CA	Pending	1229982	9/17/2004			
PHAGE010WCH	SYNTROPIN	5	CH	Registered	358532004	9/11/2004	526821	9/29/2004	9/11/2014
PHAGE010WEU	SYNTROPIN	5	EU	Registered	894006649	9/11/2004	004006649	12/9/2005	9/11/2014
PHAGE010WJP	SYNTROPIN	5	JP	Pending	2004-080799	9/11/2004			

Friday, September 01, 2006

Page 1 of 5

Case Number	Trademark Name	Class	Country	Status	Application Number	Filing Date	Reg Number	Reg Date	Renewal Date
PHAGE010WKR	SYNTROPIN	5	KR	Registered	402004	9/22/2004	856725	10/28/2005	10/28/2015
PHAGE010WLJ	SYNTROPIN	5	LI	Registered	73960	9/22/2004	13360	12/12/2004	9/22/2014
PHAGE010WMC	SYNTROPIN	5	MC	Registered	24721	9/22/2004	0424204	11/30/2004	9/22/2014
PHAGE010WNZ	SYNTROPIN	5	NZ	Registered	717813	9/12/2004	737813	2/9/2006	9/12/2014

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

DELAWARE DEPARTMENT OF STATE  
 U.C.C. FILING SECTION  
 FILED 03:08 PM 09/01/2006  
 INITIAL FILING NUM: 6305946 6  
 AMENDMENT NUMBER: 0000000  
 SRV: 060817200

**A. NAME & PHONE OF CONTACT AT FILER [optional]**  
 Stephen Ybarra 9497600404

**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**

KNOBBE, MARTENS, OLSON & BEAR, LLP  
 2040 MAIN STREET  
 14TH FLOOR  
 IRVINE CA 92614

**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  
 PHAGE BIOTECHNOLOGY CORPORATION

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

101 ACADEMY STE, 120 IRVINE CA 92612 US

1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION

CORPORATION DE

**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

2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION

**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  
 KNOBBE, MARTENS, OLSON, & BEAR, LLP

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2040 MAIN STREET, 14TH FLOOR IRVINE CA 92614 US

Collateral Description - please see attachment

10. miscellaneous:  
 PHAGE

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)  All Debtors  Debtor 1  Debtor 2  (ADDITIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA  
 PHAGE