



"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
JVERM.001T	POOL GEL	1	US	Registered	78/346316	12/29/2003	2956092	5/24/2005	5/24/2015
JVERM.005T	CITROGELLA	5	US	Allowed	78/503218	10/20/2004			
JVERM.008T	FIGHT FOR PEACE	16	US	Published	78/545727	1/11/2005			

Monday, October 23, 2006

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**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b> Ybarra (949) 721-5265					
<b>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614 USA				<b>DOCUMENT NUMBER:</b> 10096790002 <b>FILING NUMBER:</b> 06-7089196127 <b>FILING DATE:</b> 10/23/2006 09:56 <b>IMAGE GENERATED ELECTRONICALLY FOR WEB FILING</b> <b>THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY</b>	
<b>1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names</b>					
1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S LAST NAME Vermaak		FIRST NAME Johannes	MIDDLE NAME H	SUFFIX
1c. MAILING ADDRESS 2008 Horse Trail Drive			CITY Redlands	STATE CA	POSTAL CODE 92373
1d. SEE INSTRUCTIONS		ADD'L DEBTOR INFO	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE
<b>2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names</b>					
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		ADD'L DEBTOR INFO	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE
<b>3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)</b>					
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, 14th Floor			CITY Irvine	STATE CA	POSTAL CODE 92614
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 JVERM					

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RECORDED: 11/15/2006

TRADEMARK  
REEL: 003431 FRAME: 0209