

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Wells Fargo Bank, National Association, acting through its WELLS FARGO BUSINESS CREDIT operating division		12/04/2007	Bank: UNITED STATES

RECEIVING PARTY DATA

Name:	RO Associates Incorporated
Street Address:	246 Caspian Drive, P.O. Box 61419
City:	Sunnyvale
State/Country:	CALIFORNIA
Postal Code:	94088
Entity Type:	CORPORATION: CALIFORNIA

PROPERTY NUMBERS Total: 8

Property Type	Number	Word Mark
Serial Number:	78106259	QUATTROVERTER
Serial Number:	76073243	SUPERVERTER
Serial Number:	75582640	MEGAVERTER
Serial Number:	75544651	UNIVERTER
Serial Number:	74137284	μ VERTER
Serial Number:	74230586	NANOVERTER
Serial Number:	74230585	PICOVERTER
Serial Number:	74137282	MICROVERTER

CORRESPONDENCE DATA

Fax Number: (714)546-9035
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: 714-641-5100

CH \$215.00 78106259

Email: sbarricella@rutan.com,sgibbons@rutan.com
Correspondent Name: Susan J. Barricella
Address Line 1: 611 Anton Blvd., 14th Floor
Address Line 4: Costa Mesa, CALIFORNIA 92626

NAME OF SUBMITTER:	Susan J. Barricella
Signature:	/Susan J. Barricella/
Date:	12/05/2007

Total Attachments: 2
source=RO Associates Assignment#page1.tif
source=RO Associates Assignment#page2.tif

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Laurie Biegel
Rutan & Tucker, LLP
611 Anton Blvd., Ste. 1400
Costa Mesa, CA 92626

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
067086030818

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] or recorded in the REAL ESTATE RECORDS

2. **TERMINATION.** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement

3. **CONTINUATION.** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

4. **ASSIGNMENT (full or partial).** Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items C and/or 7:

CHANGE name and/or address. Give current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. **DELETE** name. Give record name to be deleted in item 6a or 6b. **ADD** name. Complete item 7a or 7b, and also item 7c, also complete items 7d-7g (if applicable)

6. **CURRENT RECORD INFORMATION**

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. **CHANGED (NEW) OR ADDED INFORMATION**

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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7d. TAX ID #, SSN OR EIN

ADD'L INFO RE ORGANIZATION DEBTOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment

9a. ORGANIZATION'S NAME

RO Associates Incorporated

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA

FINANCING STATEMENT

06-7086030818

09/22/2006 16:52

INSTRUCTIONS (front and back) CAREFULLY

PHONE OF CONTACT AT FILER (optional)

ACKNOWLEDGMENT TO: (Name and Address)

*****PLEASE RETURN TO*****

CSC
1730 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Acct. #P6-0000-743-9



FILED

CALIFORNIA
 SECRETARY OF STATE



9742970011

UCC FILING

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

1b. INDIVIDUAL'S LAST NAME

1b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
1c. CITY		STATE	POSTAL CODE	COUNTRY	
1d. TYPE OF ORGANIZATION		1f. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any	
1e. ADDL INFO RE ORGANIZATION DEBTOR	corporation	California		<input type="checkbox"/> NONE	

2. CREDITOR'S EXACT FULL LEGAL NAME - insert only one creditor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
2c. CITY		STATE	POSTAL CODE	COUNTRY	
2d. ADDL INFO RE ORGANIZATION DEBTOR	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)

3a. ORGANIZATION'S NAME

WELLS FARGO BANK, NATIONAL ASSOCIATION, acting through its WELLS FARGO BUSINESS CREDIT operating division

3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
3c. CITY		STATE	POSTAL CODE	COUNTRY	
3d. ADDRESS		3e. CITY		STATE	POSTAL CODE
444 Folsom Avenue, Suite 700		Pasadena		CA	91101

4. STATEMENT covers the following collateral:

5. COMMENTS

6. SIGNATURE (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
7. CHECK TO REQUEST SEARCH REPORT(S) on Debtor(s)	7. CHECK TO REQUEST SEARCH REPORT(S) on Debtor(s)		ADDITIONAL FEE (optional)		All Debtors	Debtor 1
8. REFERENCE DATA		9. ADDITIONAL COMMENTS (optional)		10. DEBTOR'S ADDRESS (optional)		

11. SECRETARY OF STATE

475001-010 /DSC

12. COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

TRADEMARK

RECORDED: 12/05/2007

REEL: 003672 FRAME: 0301