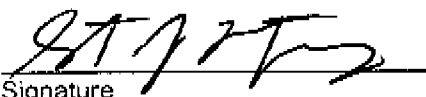


Client Code: CARDM.UCC1

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>CARDIOMETRIX, INC.</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: WA</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>Name: KNOBBE, MARTENS, OLSON, & BEAR, LLP Internal Address: Fourteenth Floor Street Address: 2040 Main Street City: Irvine State: CA ZIP: 92614</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: Security Interest</p> <p>Execution Date: (List as in section 1 if multiple signatures)</p> <p>June 30, 2008</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s): 78/901648</p> <p>b. Trademark Registration No(s):</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p>Customer No. 20,995 Address: Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614 Return Fax: (949) 760-9502 Attorney's Docket No.: CARDM.UCC1</p>	<p>6. Total number of applications and registrations involved: 1</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><u>Steven J. Nataupsky</u> <u></u> <u>8/7/08</u> Name of Person Signing Signature Date</p> <p style="text-align: center;">Total number of pages including cover sheet, attachments and document: 3</p>	

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Attachment 1 of 2 to Filing Number: 2008-183-7453-3



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Stephen Ybarra (949) 721-5265

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Knobbe, Martens, Olson, & Bear, LLP
 Attn: Stephen Ybarra
 2040 Main Street, 14th Floor
 Irvine, CA 92614

Revenue Tracking Number
 1 1 9 5 1 5 0

063008 23.00

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
Cardiomatrix, Inc.

OR

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

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
11805 Northcreek Pkwy., Suite 101 Bothell WA 98011 USA

1d. SEE INSTRUCTIONS ADDL INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any
Corporation Washington 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 COUNTRY

2d. SEE INSTRUCTIONS ADDL INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any
NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE or ASSIGNOR ORP) - 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 USA

4. This FINANCING STATEMENT covers the following collateral:
All of debtor's intellectual property that is or has ever been the subject of secured party's representation and all files and records relating thereto, on any recoveries from litigation involving such intellectual property, including, without limitation, any judgments, amounts paid in settlement, insurance proceeds and any awards of attorney's fees and costs, and any proceeds of such intellectual property, including, but not limited to, the property described on Attachment A hereto.

5. ALTERNATIVE DESIGNATION (if applicable): LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOC SELLER/BUYER AG. LIEN NON-UCC FILING

6. THE FINANCING STATEMENT IS TO BE FILED (or recorded) IN THE PUBLIC RECORDS (or ESTATE RECORDS) YES NO (if YES, check to REQUEST SEARCH REPORT (S) on Debtor(A) (optional)) All Debtors Debtor 1 Debtor 2

7. CHECK TO REQUEST SEARCH REPORT (S) on Debtor(A) (optional)

8. OPTIONAL FILER REFERENCE DATA

CARDM

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02) International Association of Commercial Administrators (IACA)

Attachment 2 of 2 to Filing Number: 2008-183-7453-3

Page 1 of 1

Revenue Tracking Number
1 1 9 5 1 5 0

063008 23.00

Attachment A

U.S. Trademark Applications

Application Number

78901648

Trademark Name

CARDIOMETRIX