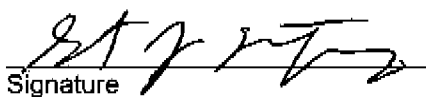


Client Code: X2INC.UCC1

### 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>X2, INC.</p> <p>( ) Individual                      ( ) General Partnership  ( ) Association                    ( ) Limited Partnership  ( ) Other:                            (X) Corporation of: DE</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  <b>Internal Address:</b> Fourteenth Floor  <b>Street Address:</b> 2040 Main Street  <b>City:</b> Irvine <b>State:</b> CA  <b>ZIP:</b> 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: <b>Security Interest</b></p> <p>Execution Date: (List as in section 1 if multiple signatures)  June 25, 2008</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s):  78/438076</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><b>Customer No.</b> 20,995  <b>Address:</b> Knobbe, Martens, Olson &amp; Bear, LLP  2040 Main Street, 14<sup>th</sup> Floor  Irvine, CA 92614  <b>Return Fax:</b> (949) 760-9502  <b>Attorney's Docket No.:</b> X2INC.UCC1</p>	<p>6. Total number of applications and registrations involved:  6</p> <p>7. Total fee (37 CFR 1.21(h)): \$165.00  (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>Steven J. Nataupsky                                            9/8/08  Name of Person Signing                      Signature                      Date</p> <p style="text-align: center;">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:

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RECORDTM

700385429

**TRADEMARK**  
**REEL: 003858 FRAME: 0086**

CH \$40.00 111410 78438076

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER</b> [optional]	
Stephen Ybarra	9497600404
<b>B. SEND ACKNOWLEDGMENT TO:</b> (Name and Address)	
KNOBBE, MARTENS, OLSON & BEAR, LLP	
2040 MAIN STREET	
14TH FLOOR	
IRVINE CA 92614	

DELAWARE DEPARTMENT OF STATE  
 U.C.C. FILING SECTION  
 FILED 06:41 PM 06/25/2008  
 INITIAL FILING # 2008 2186177

SRV: 080730973

**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						
X2, INC.						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
9601 WILSHIRE BLVD., STE. 620			BEVERLY HILLS	CA	90210	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 ST., 14TH FLOOR			IRVINE	CA	92614	US

**4. This FINANCING STATEMENT covers the following collateral:**

Collateral Description - please see attachment

10. MISCELLANEOUS: X2INC

6.  This FINANCING STATEMENT is to be filed [or record] [or recorded] in the REAL ESTATE RECORDS. Attach Addendum  7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [if applicable] [ADDITIONAL FEE]  All Debtors  Debtor 1  Debtor 2 [optional]

**8. OPTIONAL FILER REFERENCE DATA**

X2INC

TRADEMARK  
 REEL: 003858 FRAME: 0087

All of debtor's intellectual property that is the subject of secured party's representation, any recoveries from litigation involving such intellectual property, including, without limitation, any insurance proceeds and any awards of attorneys' fees and costs, and any proceeds of such intellectual property, including, but not limited to, the property described below.

# U.S. Patent Application

**Title of Invention**

MOLDWASH FORMULATION

**Application Number**

11/499262

# U.S. Trademarks & Trademark Application

**Trademark Name**

**Application Number**

**Reg Number**

MOLDWASH 78/438076 3125048

~~MOLDWASH 4424465~~

~~MOLDWASH 93059948 H82741~~

BETAJIX 78/438078 3053398

PRIMETIME 78/532921 3035677

PAINTIME 78/532918 3050018

#1 MOLD FIGHTER 78/623132 3134519

MOLDWASH HOUSEHOLD 78/623067 3137380