



**U.S. Trademark Applications**

<b>Case No.</b>	<b>Trademark Name:</b>	<b>Application No.</b>	<b>Filing Date:</b>	<b>Reg Date:</b>	<b>Reg No:</b>
USMODT.001T	QUIK DRIVE	78/264192	6/18/2003	11/23/2004	2904884
USMODT.002T	STIK&STOR	78/789926	1/11/2006	11/14/2006	3171566
USMODT.003T	POWERAID	78/789933	1/12/2006	11/14/2006	3171567
USMODT.005T	DRAGON DRIVE	78/869164	4/25/2006	10/9/2007	3306900
USMODT.006T	USMODULAR	77/096793	2/1/2007		
USMODT.007T	COLD FUSION	77/097262	2/1/2007		
USMODT.008T	TERANAS	77/097267	2/1/2007		
USMODT.009T	XTREMEDRIVE	77/102533	2/8/2007		

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**A. NAME & PHONE OF CONTACT AT FILER [optional]**  
 Ybarra  
 (949) 760-0404

**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**  
 Knobbe, Martens, Olson & Bear, LLP  
 2040 Main Street, 14th Floor  
 Irvine, CA 92614  
 USA

**DOCUMENT NUMBER:** 18763560002  
**FILING NUMBER:** 08-7175372373  
**FILING DATE:** 10/15/2008 16:27  
**IMAGE GENERATED ELECTRONICALLY FOR WEB FILING**  
**THE ABOVE SPACE IS FOR CA 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**

OR	1a. ORGANIZATION'S NAME US MODULAR, LLC			
	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 34-B MAUCHLY		CITY IRVINE	STATE CA	POSTAL CODE 92618
1d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO	1e. TYPE OF ORGANIZATION LIMITED LIABILITY COMPANY	1f. JURISDICTION OF ORGANIZATION CA	1g. ORGANIZATIONAL ID#, if any <input checked="" type="checkbox"/> NONE

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names**

OR	2a. ORGANIZATION'S NAME			
	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

**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)**

OR	3a. ORGANIZATION'S NAME KNOBBE, MARTENS, OLSON, & BEAR, LLP			
	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 2040 MAIN STREET, FOURTEENTH FLOOR		CITY IRVINE	STATE CA	POSTAL CODE 92614
				COUNTRY USA

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

See Attachment(s)

**5. ALT DESIGNATION:**  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  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]  All Debtors  Debtor 1  Debtor 2

**8. OPTIONAL FILER REFERENCE DATA**

USMODT

FILING OFFICE COPY

RECORDED: 11/14/2008

TRADEMARK  
 REEL: 003889 FRAME: 0153