



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b> Ybarra (949) 760-0404					<b>DOCUMENT NUMBER:</b> 17603490002 <b>FILING NUMBER:</b> 08-7164408997 <b>FILING DATE:</b> 07/08/2008 15:36 <b>IMAGE GENERATED ELECTRONICALLY FOR WEB FILING</b> <b>THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY</b>				
<b>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614 USA									
<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		FIRST NAME		MIDDLE NAME		SUFFIX			
Banh		Keith		S.					
1c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY		
8362 Satinwood Circle			Westminster		CA	92683	USA		
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	COUNTRY		
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									
OR									
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX			
Knobbe, Martens, Olson, & Bear, LLP									
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:  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									
<input type="checkbox"/> 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 BANHK									

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RECORDED: 01/19/2009

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