

Client Code: FESS.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>FESS CORPORATION</p> <p>() Individual () General Partnership () Association () Limited Partnership () Other: (X) Corporation of: CA</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, & BEAR, LLP Internal Address: Fourteenth Floor Street Address: 2040 Main Street City: Irvine State: CA ZIP: 92614</p> <p>() Individual () General Partnership () Association () Limited Partnership (X) Other: California () Corporation of: Limited Liability Partnership</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: Security Interest</p> <p>Execution Date: (List as in section 1 if multiple signatures) October 28, 2008</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s): 78/839494 – Filed March 16, 2006</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>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.: FESS.UCC1</p>	<p>6. Total number of applications and registrations involved: 3</p> <p>7. Total fee (37 CFR 1.21(h)): \$90.00 (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 <u>SA JNT</u> <u>2/18/09</u> Name of Person Signing Signature Date</p> <p 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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U.S. Trademark Applications

Case No.	Trademark Name:	Application No.	Filing Date:
FESS.003T	FLOOD-SMART! PRODUCTS	78/839494	3/16/2006
FESS.006T	POWER RESCUE ONE	77/187476	5/22/2007
FESS.008T	POWER RESCUE TWO	77/187479	5/22/2007

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Ybarra (949) 760-0404						DOCUMENT NUMBER: 18906380002 FILING NUMBER: 08-7176890468 FILING DATE: 10/28/2008 11:21 IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY			
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614 USA									
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 Fess Corporation								
	1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX	
1c. MAILING ADDRESS 23561 Ridge Route Drive, Suite U				CITY Laguna Hills		STATE CA	POSTAL CODE 92653	COUNTRY USA	
1d. SEE INSTRUCTIONS		ADD'L DEBTOR INFO		1e. TYPE OF ORGANIZATION Corporation	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	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			
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: <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									
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8. OPTIONAL FILER REFERENCE DATA FESS									

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