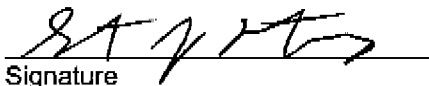


Client Code: DHCH.UCC1

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>KNOBBE, MARTENS, OLSON, & BEAR, LLP</p> <p>() Individual () General Partnership () Association () Limited Partnership (X) Other: California () Corporation of: Limited Liability Partnership</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: CYNDI HERBERT Internal Address: Street Address: 490 Orange Avenue City: Los Altos State: CA ZIP: 94022</p> <p>(X) Individual () General Partnership () Association () 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? (X) Yes () No</p>
<p>3. Nature of conveyance:</p> <p>() Assignment () Security Agreement () Merger () Change of Name (X) Other: Security Interest Termination</p> <p>Execution Date: (List as in section 1 if multiple signatures) January 30, 2009</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s): 78/766564 Filing Date – December 5, 2005</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.: DHCH.UCC1</p>	<p>6. Total number of applications and registrations involved: 7</p> <p>7. Total fee (37 CFR 1.21(h)): \$190.00 (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>3/25/09</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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Additional Numbers:

Case No.	Trademark Name:	Application No.	Filing Date:
DHCH.001T	STYLIZED AND/OR DESIGN	78/766564	12/5/2005
DHCH.004T	SPA (stylized and/or with design)	78/766586	12/5/2005
DHCH.005T	BITCHES IN STITCHES	78/791822	1/13/2006
DHCH.008T	BS (STYLIZED AND/OR WITH DESIGN)	78/915654	6/23/2006
DHCH.009T	SPAGOLD	78/833038	3/9/2006
DHCH.011T	(Stylized and/or Design)	77/002753	9/19/2006
DHCH.015T	BUSY (STYLIZED AND/OR WITH DESIGN)	77/091505	1/25/2007

UCC FINANCING STATEMENT AMENDMENT

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: 19922910002
 FILING NUMBER: 09-71862690
 FILING DATE: 01/30/2009 14:03
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1a. INITIAL FINANCING STATEMENT FILE # 08-7164331598		1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.	
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination.			
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.			
4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address; Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c			
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
OR	6b. INDIVIDUAL'S LAST NAME		SUFFIX
	FIRST NAME	MIDDLE NAME	
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR	7b. INDIVIDUAL'S LAST NAME		SUFFIX
	FIRST NAME	MIDDLE NAME	
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
7d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION
		7g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.			
9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this amendment.			
a. ORGANIZATION'S NAME Knobbe, Martens, Olson, & Bear, LLP			
OR	b. INDIVIDUAL'S LAST NAME		SUFFIX
	FIRST NAME	MIDDLE NAME	
10. OPTIONAL FILER REFERENCE DATA DHCH			

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