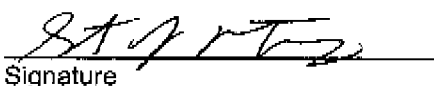


Client Code: CVBIO.UCC1

## 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>CARDIOVASCULAR BIOTHERAPEUTICS, 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>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)</p> <p>March 19, 2009</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: KNOBBE, MARTENS, OLSON, &amp; BEAR, LLP  <b>Internal Address:</b> 14th 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                    ( ) 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>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> CVBIO.UCC1</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s): 78/913532          Filing Date: June 21, 2006</p> <p>b. Trademark Registration No(s):</p> <p>Additional numbers attached?          (X) Yes ( ) No</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>6. Total number of applications and registrations involved:          2</p> <p>7. Total fee (37 CFR 1.21(h)): \$65.00          (X) Authorized to be charged to deposit 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></u>                      <u>4/20/09</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>	

CH \$65.00 111410 78913532

Documents transmitted via Facsimile to be recorded with required cover sheet information to:

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700405854

**TRADEMARK**  
**REEL: 003973 FRAME: 0599**

<b>Case No.</b>	<b>Trademark Name</b>	<b>Application No.</b>	<b>Filing Date</b>	<b>Reg Date</b>	<b>Reg No.</b>
CVBIO.016T	JAYKITTAY	78/913532	6/21/2006		
CVBIO.009T	CARDIO VASCU-GROW	78/163385	9/12/2002	10/9/2007	3308014

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]	
Stephen Ybarra	9497600404
B. SEND ACKNOWLEDGMENT TO: (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 02:35 PM 03/19/2009  
 INITIAL FILING # 2009 0884889

SRV: 090283780

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names					
1a. ORGANIZATION'S NAME CARDIOVASCULAR BIOTHERAPEUTICS, INC.					
OR					
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
1c. MAILING ADDRESS 1635 VILLAGE CENTER CIRCLE SUITE 250		CITY LAS VEGAS	STATE NV	POSTAL CODE 89134	COUNTRY US
1e. TYPE OF ORGANIZATION CORPORATION		1f. JURISDICTION OF ORGANIZATION DE			
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> 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 <u>one</u> 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 2040 MAIN STREET, 14TH FLOOR		CITY IRVINE	STATE CA	POSTAL CODE 92614	COUNTRY US
4. This FINANCING STATEMENT covers the following collateral: Collateral Description - please see attachment					

10. Miscellaneous: CVBIO

6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (or record) (or recorded) in the REAL ESTATE RECORDS. <small>Attach Addendum (if applicable)</small>	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) <small>(optional)</small>	<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2
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8. OPTIONAL FILER REFERENCE DATA

CVBIO