

Client Code: BKUNZ.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>BARRY KUNZ</p> <p>(X) Individual () General Partnership () Association () Limited Partnership () Other: () Corporation of:</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: 14th 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>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) April 13, 2009</p>	<p>Additional name(s) and address(es) attached? () Yes (X) No</p> <p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s): 77/413532 Filing Date: March 5, 2008</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.: BKUNZ.UCC1</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>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 <i>[Signature]</i> 4/20/09 Name of Person Signing Signature Date</p> <p align="right">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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TRADEMARK
REEL: 003973 FRAME: 0605

CH \$65.00 111410 77413532

Case No.	Trademark Name:	Application No.	Filing Date:
BKUNZ.001T	BEAT THE BRUINS	77/413532	3/5/2008
BKUNZ.004T	FABULOUS PLACES	77/413685	3/5/2008

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: 20706480002
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 FILING DATE: 04/13/2009 17:55
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1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
Kunz		Barry		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
746 Magnolia Avenue		West Covina	CA	91791-2838
1d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID#, if any <input 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

2a. ORGANIZATION'S NAME				
OR				
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)

3a. ORGANIZATION'S NAME				
Knobbe, Martens, Olson, & Bear, LLP				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2040 Main Street, 14th Floor		Irvine	CA	92614

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

BKUNZ

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RECORDED: 04/20/2009

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