TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

| SUBMISSION TYPE: | NEW ASSIGNMENT |
|-----------------------|--------------------------|
| NATURE OF CONVEYANCE: | RELEASE BY SECURED PARTY |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|------------------|----------|----------------|---------------------------------|
| Bank of the West | | 12/15/2005 | California Banking Corporation: |

RECEIVING PARTY DATA

| Name: | Diedrich Coffee, Inc. |
|-----------------|------------------------------|
| Street Address: | 28 Executive Park, Suite 200 |
| City: | Irvine |
| State/Country: | CALIFORNIA |
| Postal Code: | 92614 |
| Entity Type: | CORPORATION: DELAWARE |

PROPERTY NUMBERS Total: 3

| Property Type | Number | Word Mark |
|----------------------|---------|-------------------------|
| Registration Number: | 1925384 | DIEDRICH COFFEE |
| Registration Number: | 2372451 | DIEDRICH COFFEE |
| Registration Number: | 2976326 | DIEDRICH COFFEE EXPRESS |

CORRESPONDENCE DATA

Fax Number: (949)475-4754

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 949-451-3800

Email: dsegal@gibsondunn.com

Correspondent Name: David A. Segal
Address Line 1: 3161 Michelson Drive

Address Line 4: Irvine, CALIFORNIA 92612

| ATTORNEY DOCKET NUMBER: | 22453-00031 |
|-------------------------|------------------|
| NAME OF SUBMITTER: | David A. Segal |
| Signature: | /david a. segal/ |

900132707 TRADEMARK REEL: 003977 FRAME: 0486 1925384

\$90.00

| Date: | 04/27/2009 |
|-------------------------------------------------------|------------|
| Total Attachments: 1 source=diedrichrelease#page1.tif | |

TRADEMARK
REEL: 003977 FRAME: 0487

| A. NAME & PHONE OF CONTACT AT FILER Phone (800) 331-3282 | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------|--------------------------------------------------------------------------|-------------------------------------------|
| 1110110 (000) 331 3202 | R[optional] Fax (818) 662-4141 | | | | | |
| B. SEND ACKNOWLEDGMENT TO: (Name | and Address) | | | | • | |
| UCC Direct Services | | | | | | |
| P.O. Box 29071 Glendale, CA 91209-90 | | · | FILING NUMBER | R: 5388 | 7966 | |
| | | | FILING DATE | : 15-D | EC-2005 | |
| | | | IMAGE REFLECTS | DATA FR | OM AN ELECTRO | ONIC FILING |
| | DE, See | cretary of State | | | | |
| a. INITIAL FINANCING STATEMENT FILE # | | | THE ABOVE SI | | OR FILING OFFICE | |
| 22272882 | | | 9/5/2002 | □ to | is FINANCING STATEN be filed [for record] (or r :AL ESTATE RECORDS | ecorded) in the |
| X TERMINATION: Effectiveness of the Final | | | | Secured Pa | rty authorizing this Term | ination Statement. |
| . CONTINUATION: Effectiveness of the Fi continued for the additional period provided | inancing Statement Identified above by applicable law. | e with respect to se | curity interest(s) of the Secure | d Party auth | orizing this Continuation | n Statement is |
| . ASSIGNMENT (full or partial): Give name | of assignee in item 7a or 7b and a | ddress of assignee in | item 7c; and also give name | of assignor in | item 9. | |
| AMENDMENT (PARTY INFORMATION): | | | Party of record. Check only | one of these | two boxes. | · · · · · · · · · · · · · · · · · · · |
| Also check one of the following three boxes and p CHANGE name and/or address: Give current | | | El ETE nama: Glva record nos | - | DD name: Complete Hea | - 7 0 00 76 00 d ol |
| CHANGE name and/or address: Give current name (if name change) in item 7a or 7b and/or CURRENT RECORD INFORMATION: | r new address (if address change) i | in item 7c. to | ELETE name: Give record name be deleted in item 6a or 6b. | ite A | DD name: Complete Item om 7c; also complete item | m 7a or 7b, and as ms 7d-7g (if applic |
| 68. ORGANIZATION'S NAME DIEDRICI | H COFFEE, INC. | | | | | |
| R Ch. INDRIEDIALIS LAST MANS | · | | | | | |
| | | | | | | |
| 6b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| 65. INDIVIDUALS CAST NAME | N: | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| 65. INDIVIDUALS DAST NAME | N: | PIRSTNAME | | MIDDLE | NAME | SUFFIX |
| CHANGED (NEW) OR ADDED INFORMATION TO ORGANIZATION'S NAME | N: | | | | | |
| CHANGED (NEW) OR ADDED INFORMATIO 7a. ORGANIZATION'S NAME | N: | FIRST NAME | | MIDDLE | | SUFFIX |
| CHANGED (NEW) OR ADDED INFORMATION TO ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME | N: | | | MIDDLE | | SUFFIX |
| CHANGED (NEW) OR ADDED INFORMATION TO ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS | | FIRST NAME | | MIDDLE | NAME POSTAL CODE | SUFFIX |
| CHANGED (NEW) OR ADDED INFORMATIO 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS I. TAX ID #: SSN OR EIN ADD'L INFO RE 76 ORGANIZATION 78 ORGA | N: • TYPE OF ORGANIZATION | FIRST NAME | OF ORGANIZATION | MIDDLE | NAME | SUFFIX |
| CHANGED (NEW) OR ADDED INFORMATION TO ORGANIZATION'S NAME 75. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR | 6. TYPE OF ORGANIZATION | FIRST NAME | OF ORGANIZATION | MIDDLE | NAME POSTAL CODE | SUFFIX |
| CHANGED (NEW) OR ADDED INFORMATIO 78. ORGANIZATION'S NAME 75. INDIVIDUAL'S LAST NAME . MAILING ADDRESS . TAX ID #: SSN OR EIN ADD'L INFO RE 70 ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): | e. TYPE OF ORGANIZATION check only <u>one</u> box. | FIRST NAME CITY 71. JURISDICTION | | MIDDLE | NAME POSTAL CODE | SUFFIX |
| CHANGED (NEW) OR ADDED INFORMATION 78. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS I. TAX ID #: SSN OR EIN ADDL INFO RE 70 ORGANIZATION DEBTOR 10 ORGANIZATION 10 ORGANIZATION DEBTOR 10 ORGANIZATION DEBTOR 10 ORGANIZATION DEBTOR 10 ORGANIZATION DEBTOR 10 ORGANIZATION | e. TYPE OF ORGANIZATION check only <u>one</u> box. | FIRST NAME CITY 71. JURISDICTION | | MIDDLE | NAME POSTAL CODE | SUFFIX |
| CHANGED (NEW) OR ADDED INFORMATIO 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS I. TAX ID #: SSN OR EIN ADD'L INFO RE 70 ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): | e. TYPE OF ORGANIZATION check only <u>one</u> box. | FIRST NAME CITY 71. JURISDICTION | | MIDDLE | NAME POSTAL CODE | SUFFIX |
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TRADEMARK
REEL: 003977 FRAME: 0488

RECORDED: 04/27/2009