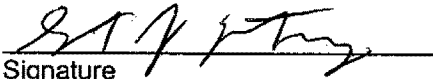


Client Code: HLRMT.UCC1

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>HENRY S. LEARMONT</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 &amp; 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: <b>California</b>                      ( ) Corporation of:  <b>Limited Liability Partnership</b></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: <b>Security Interest</b></p> <p>Execution Date: (List as in section 1 if multiple signatures)  NOVEMBER 15, 2011</p>		<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s):  77/945913</p> <p>b. Trademark Registration No(s):</p> <p>Additional numbers attached?  ( ) Yes (X) No</p>	
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p><b>Customer No. 20,995</b>  <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> HLRMT.UCC1</p>		<p>6. Total number of applications and registrations involved:  1</p> <p>7. Total fee (37 CFR 1.21(h)): \$40.00  (X) Authorized to be charged to deposit account</p>	
<p>8. Deposit account number: 11-1410  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>12/29/11</u>  Name of Person Signing                      Signature    Date</p> <p>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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**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**A. NAME & PHONE OF CONTACT AT FILER [optional]**Michell T Do  
(949) 760-0404**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**Knobbe, Martens, Olson & Bear, LLP  
2040 Main Street, 14th Floor  
Irvine, CA 92614  
USA

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FILING DATE: 11/15/2011 17:41

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY**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
	Learmont		Henry	S	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
P.O. Box 7681		Newport Beach	CA	92658	USA
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	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)**

3a. ORGANIZATION'S NAME					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2040 Main St., 14th Floor		Irvine	CA	92614	USA

**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**

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All of debtor's intellectual property that is or has ever been the subject of secured party's representation and all files and records relating thereto, any recoveries from litigation involving such intellectual property, including, without limitation, any judgments, amounts paid in settlement, insurance proceeds and any awards of attorneys' fees and costs, and any other proceeds of such intellectual property, including, but not limited to, the property described below.

### U.S. Patent & Patent Applications

Application No.	App. Filing Date	Patent No.	Issued Date	Title of Invention
12/184986	8/1/2008	7251835	8/7/2007	SOFT ARMOR
61/486669	5/16/2011			

### U.S. Trademark & Trademark Applications

Application No.	App. Filing Date	Trademark Name
77/945913	2/26/2010	