


Client Code: ADER.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>ADER ENTERPRISES, 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>2. Name and address of receiving party(ies):</p> <p>Name: KNOBBE, MARTENS, OLSON & 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: 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>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) MARCH 13, 2012</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s): 78/349314</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.: ADER.UCC1</p>	<p>6. Total number of applications and registrations involved: 3</p> <p>7. Total fee (37 CFR 1.21(h)): \$90.00 (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>5/1/12</u> Name of Person Signing Signature Date</p> <p style="text-align: center;">Total number of pages including cover sheet, attachments and document: 4</p>	

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

Mail Stop Assignment Recordation Services
Director, U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
Facsimile Number: (571) 273-0140

TRADEMARK

700485155

REEL: 004782 FRAME: 0140

CH \$90.00 111410 295392

<u>Case No.</u>	<u>Trademark Name:</u>	<u>Application No.</u>	<u>Filing Date:</u>	<u>Reg Date:</u>	<u>Reg No:</u>
ADER.002T	PETVISION	78/349314	1/8/2004	5/17/2005	2953927
ADER.003T	PETVISIONPRO	78/720844	9/26/2005	7/11/2006	3115546
ADER.004T	EquiVision	78/720843	9/26/2005	12/25/2007	3360561

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	
Michelle Do	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 08:22 PM 03/13/2012
 INITIAL FILING # 2012 0975674

SRV: 120308021

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 ADER ENTERPRISES, INC.					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 14464 RUTLEDGE SQUARE		CITY SAN DIEGO	STATE CA	POSTAL CODE 92128	COUNTRY US
1e. TYPE OF ORGANIZATION CORPORATION		1f. JURISDICTION OF ORGANIZATION DE			

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
2e. TYPE OF ORGANIZATION		2f. JURISDICTION OF ORGANIZATION			

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE or 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 2040 MAIN ST., 14TH FLOOR		CITY IRVINE	STATE CA	POSTAL CODE 92614	COUNTRY US

4. This FINANCING STATEMENT covers the following collateral:

Collateral Description - please see attachment

6. <input type="checkbox"/> 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 ADER - 0001				

TRADEMARK
 REEL: 004782 FRAME: 0142

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
13/159223	6/13/2011	7960350	6/14/2011	COMPOSITION AND METHOD FOR THE TREATMENT OF EYE DISEASE
				COMPOSITION AND METHOD FOR THE TREATMENT OF EYE DISEASE

U.S. Trademark & Trademark Applications

Reg. No.	Reg. Date	Trademark Name
2953927	5/17/2005	PETVISION
3115546	7/11/2006	PETVISIONPRO
3360561	12/25/2007	EQUUVISION