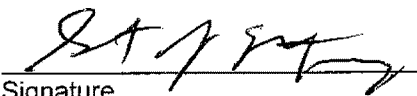


Client Code: LLIFE.UCC3

### 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><b>KNOBBE, MARTENS, OLSON &amp; BEAR, LLP</b></p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> General Partnership  <input type="checkbox"/> Association                      <input type="checkbox"/> Limited Partnership  <input checked="" type="checkbox"/> Other: CA Limited Liability Partnership      <input type="checkbox"/> Corporation of:</p> <p>Additional name(s) of conveying party(ies) attached?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: <b>TUONG NGUYEN</b>  <b>Internal Address:</b>  <b>Street Address:</b> 1683 SUNFLOWER AVE.  <b>City:</b> COSTA MESA <b>State:</b> CA  <b>ZIP:</b> 92626</p> <p><input checked="" type="checkbox"/> Individual                      <input type="checkbox"/> General Partnership  <input type="checkbox"/> Association                      <input type="checkbox"/> Limited Partnership  <input type="checkbox"/> Other:                              <input type="checkbox"/> Corporation of:</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Additional name(s) and address(es) attached?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment                      <input type="checkbox"/> Security Agreement  <input type="checkbox"/> Merger                              <input type="checkbox"/> Change of Name  <input checked="" type="checkbox"/> Other: <b>Security Interest Termination</b></p> <p>Execution Date: (List as in section 1 if multiple signatures)  <b>MARCH 25, 2013</b></p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s):  2398397</p> <p>b. Trademark Registration No(s):</p> <p>Additional numbers attached?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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> LLIFE.UCC3</p>	<p>6. Total number of applications and registrations involved:  <b>1</b></p> <p>7. Total fee (37 CFR 1.21(h)): \$40.00  <input checked="" type="checkbox"/> 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><b>STEVEN J. NATAUPSKY</b>            <u>7/3/13</u>  Name of Person Signing      Signature                              Date</p> <p style="text-align: center;">Total number of pages including cover sheet, attachments and document: 2</p>	

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**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b> MICHELL T DO (949) 760-0404					<b>DOCUMENT NUMBER:</b> 37061160003 <b>FILING NUMBER:</b> 13-73531788 <b>FILING DATE:</b> 03/25/2013 17:06 <b>IMAGE GENERATED ELECTRONICALLY FOR WEB FILING</b> <b>THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY</b>				
<b>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614 USA									
<b>1a. INITIAL FINANCING STATEMENT FILE #</b> 13-7347236884					<b>1b.</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
<b>2.</b> <input checked="" type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination.									
<b>3.</b> <input type="checkbox"/> <b>CONTINUATION:</b> Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.									
<b>4.</b> <input type="checkbox"/> <b>ASSIGNMENT (full or partial):</b> Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.									
<b>5. AMENDMENT (PARTY INFORMATION):</b> This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these. Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7. <input type="checkbox"/> <b>CHANGE</b> name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> <b>DELETE</b> name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> <b>ADD</b> name: Complete item 7a or 7b, and also item 7c									
<b>6. CURRENT RECORD INFORMATION:</b>									
6a. ORGANIZATION'S NAME									
OR									
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX			
<b>7. CHANGED (NEW) OR ADDED INFORMATION:</b>									
7a. ORGANIZATION'S NAME									
OR									
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX			
7c. MAILING ADDRESS				CITY		STATE	POSTAL CODE		COUNTRY
7d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO			7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE			
<b>8. AMENDMENT (COLLATERAL CHANGE):</b> check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.									
<b>9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT</b> (name of assignor, if this is an Assignment). If this is an Amendment authorized by Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this amendment.									
a. ORGANIZATION'S NAME									
OR									
b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX			
<b>10. OPTIONAL FILER REFERENCE DATA</b> LLIFE - UCC3									

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