


Client Code: JAWEL.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 align="center">JASON SCOTT WELSHER</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  <b>Internal Address:</b> FOURTEENTH FLOOR  <b>Street Address:</b> 2040 MAIN ST.  <b>City:</b> IRVINE <b>State:</b> CA  <b>ZIP:</b> 92614</p> <p>( ) Individual                      ( ) General Partnership          ( ) Association                      ( ) Limited Partnership          (X) Other: CA 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: <b>Security Interest</b></p> <p>Execution Date: (List as in section 1 if multiple signatures)          SEPTEMBER 10, 2013</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s):</p> <p>b. Trademark Registration No(s):          2709947</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.</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> JAWEL.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</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>10/21/12</u>          Name of Person Signing                      Signature                      Date</p> <p align="right">Total number of pages including cover sheet, attachments and document: 2</p>	

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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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1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
	Welsher		Jason	Scott	
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE COUNTRY
2031 S. Lynx Ave.			Ontario	CA	91761 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
	Knobbe, Martens, Olson & Bear, LLP				
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:  
All of debtor's intellectual property that is the subject of secured party's representation, any recoveries from litigation involving such intellectual property and any other proceeds of such intellectual property, including, but not limited to, the property described below.

US Trademark &amp; Trademark Application

Reg. No. 2709947 Reg. Date: 4/22/2003 Trademark Name: TO DIE FOR

5. ALT DESIGNATION: <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> 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] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2
8. OPTIONAL FILER REFERENCE DATA JAWEL - UCC1	

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