


Client Code: SROES.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.

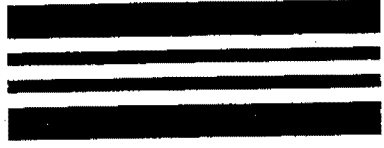
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Name of conveying party(ies): (List using letters or numbers for multiple parties)</p> <p>KNOBBE, MARTENS, OLSON & BEAR, LLP</p> <p>() Individual () General Partnership () Association () Limited Partnership (X) Other: California () Corporation of: Limited Liability Partnership</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: SHERI JEAN ROESE Internal Address: SUITE 637 Street Address: 34522 N. SCOTTSDALE ROAD City: SCOTTSDALE State: AZ ZIP: 85266</p> <p>(X) Individual () General Partnership () Association () Limited Partnership () Other: () Corporation of:</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: () Yes (X) No 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 Termination</p> <p>Execution Date: (List as in section 1 if multiple signatures) NOVEMBER 25, 2013</p> | <p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s): 77/819939</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.: SROES.UCC3</p> | <p>6. Total number of applications and registrations involved: 2</p> <p>7. Total fee (37 CFR 1.21(h)): \$65.00 (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>12/12/13</u> Name of Person Signing Signature Date</p> <p style="text-align: center;">Total number of pages including cover sheet, attachments and document: 3</p> | |

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| <u>Case No.</u> | <u>Trademark Name:</u> | <u>Application No.</u> | <u>Filing Date:</u> |
|-----------------|----------------------------------------------------|------------------------|---------------------|
| SROES.001T | EMERALD CITIES | 77/819939 | 9/3/2009 |
| SROES.002T | EMERALD CITIES PROJECT stylized and in color | 77/711890 | 4/10/2009 |

FILED
ARIZONA SECRETARY OF STATE
11/25/13 15:32
2011-165-5096-7



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] Michell Do / (949) 721-5265 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) Knobbe, Martens, Olson & Bear, LLP Attn: Michell Do 2040 Main St., 14th Floor Irvine, CA 92614 |



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE # 201116550967 | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] [or recorded] in the REAL ESTATE RECORDS. <input type="checkbox"/> |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** 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.

4. **ASSIGNMENT** (full or partial): 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.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. **DELETE** name: Give record name to be deleted in item 6a or 6b. **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

| | | | | |
|-------------------------|----------------------------|------------|-------------|--------|
| 6a. ORGANIZATION'S NAME | | | | |
| OR | 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |

7. **CHANGED (NEW) OR ADDED INFORMATION:**

| | | | | | |
|-------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|-------------------------------|
| 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 INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any | <input type="checkbox"/> NONE |

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

| | | | | |
|--------------------------------------------------------------------------|----------------------------|------------|-------------|--------|
| 9a. ORGANIZATION'S NAME Knobbe, Martens, Olson & Bear, LLP | | | | |
| OR | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |

10. **OPTIONAL FILER REFERENCE DATA**
SROES - UCC3