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6/5/2014 12:31:36 PM PAGE 4/005 Fax Server

TO: KNOBBE, MARTENS, OLSON & BEAR, LLP COMPANY: 2040 MAIN STREET, 14TH FLOOR

05/29/2014 15:11 FAX 949 760 9502

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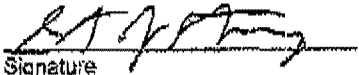
Client Code: JSEND.UCC3

RECORDATION FORM COVER SHEET

TRADEMARK ONLY

700515583

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>KNOBBE, MARTENS, OLSON & BEAR, LLP</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: California 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: JUST HIT SEND, LLC Internal Address: Street Address: 9392 E. CORTEZ STREET City: SCOTTSDALE State: AZ ZIP: 85260</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: Limited Liability Company - AZ <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: Security Interest Termination</p> <p>Execution Date: (List as in section 1 if multiple signatures) FEBRUARY 24, 2014</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s): 77/596511</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>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.: JSEND.UCC3</p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR 1.21(h)): \$540.00 <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>STEVEN J. NATAUPSKY Name of Person Signing <u></u> <u>5/29/14</u> Signature Date</p> <p>Total number of pages including cover sheet, attachments and document: 2</p>	

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6/5/2014 12:31:36 PM PAGE 5/005 Fax Server

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02/24/14 13:27
2010-168-7500-5

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Mitchell Du / (949) 721-5265

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Knobbe, Martens, Olson & Bear, LLP
 Attn: Mitchell Du
 2040 Main St., 14th Floor
 Irvine, CA 92614



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. ORIGINAL FINANCING STATEMENT FILE #
201016075889

2. TERMINATION: **Termination:** *Termination of the Financing Statement identifies a covered or terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.*

3. CONTINUATION: **Continuation:** *Continuation of the Financing Statement identifies a covered or terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the statutory 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 give gmt name of assignor in item 8.

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: *Change of name, address, or other information referred to in the original financing statement.* **DELETE:** *Delete name of secured party to be deleted in item 6a or 6b.* **ADD:** *Add name of secured party to be added in item 6a or 6b.*

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. INSTRUCTIONS: ADD INFO RE ORGANIZATION 7d. TYPE OF ORGANIZATION 7e. JURISDICTION OF ORGANIZATION 7f. ORGANIZATIONAL ID #, if any NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral deleted, added, or give entire revised 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 does not collateralize the financing, 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
JSEND - UCCS

FILING OFFICE COPY - UCC FINANCING STATEMENT AMENDMENT (FORM UCC9) (REV. 05/22/02)