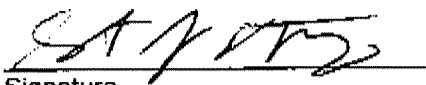


Client Code: TRUCOL.UCC3

**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>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: TRUE COLORS INTERNATIONAL Internal Address: Street Address: 3605 West MacArthur Blvd. City: Santa Ana State: CA ZIP: 92705</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Association <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Corporation of: NV</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) October 31, 2014</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s):</p> <p>b. Trademark Registration No(s): 1605983</p> <p>Additional numbers attached? <input checked="" type="checkbox"/> Yes <input 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.: TRUCOL.UCC3</p>	<p>6. Total number of applications and registrations involved: 9</p> <p>7. Total fee (37 CFR 1.21(h)): \$240.00 <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  <u>11/5/14</u> Name of Person Signing Signature Date</p> <p align="center">Total number of pages including cover sheet, attachments and document: 3</p>	

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RECORDTM

CH \$240.00 111410 85643944

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TRADEMARK
REEL: 005397 FRAME: 0193

<u>Trademark Name:</u>	<u>Application No.</u>	<u>Filing Date:</u>	<u>Reg. No.</u>	<u>Reg. Date</u>
TRUE COLORS			1605983	8/10/1990
	85643944	6/5/2012		
THE FOUR COLORS			3313601	10/16/2007
CANINE COLORS			3794648	5/25/2010
TRUE COLORS INTERNATIONAL			3908651	1/18/2011
TRUE COLORS UNIVERSITY			2754171	8/19/2003
READING COLORS			2589606	7/2/2002
TRUE COLORS LOGO			4422717	10/22/2013
TRUE COLORS LOGO			3208136	2/13/2007

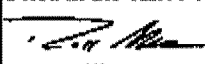
UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
 DANIELLE MILLER

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

DANIELLE MILLER
 KNOBBE, MARTENS, OLSON & BEAR, LLP
 2040 MAIN STREET, 14TH FLOOR
 IRVINE, CA 92614

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 2014028019-2
	Filing Date and Time 10/31/2014 11:44 AM

(This document was filed electronically.)
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
2014020854-4

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

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

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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7d. <u>SEE INSTRUCTIONS</u>	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
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10. **OPTIONAL FILER REFERENCE DATA**
TRUCOL - UCC3