

01/15/2015

Client Code: RGTH.UCC1

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103670706

To the Director, U.S. Patent and Trademark

original documents or copy thereof.

<p>1. Name of conveying party(ies): (List using letters or numbers for multiple parties)</p> <p>RESEARCH GROUP THREE, INC.</p> <p>( ) Individual                      ( ) General Partnership  ( ) Association                    ( ) Limited Partnership  ( ) Other:                            (X) Corporation of: DE</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 STREET  <b>City:</b> IRVINE <b>State:</b> CA  <b>ZIP:</b> 92614</p> <p>( ) Individual                      ( ) General Partnership  ( ) Association                    ( ) Limited Partnership  (X) Other: <b>California</b>            ( ) Corporation of:  <b>Limited Liability Partnership</b></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)  NOVEMBER 4, 2014</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s):  85/826155</p> <p>b. Trademark Registration No(s):</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> RGTH.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                      <i>[Signature]</i>  Name of Person Signing                      Signature</p> <p style="text-align: right;">01/23/2015 DTINVERL 00000011 111410 85826155  01 Date 1/12/15 40.00 DA</p> <p style="text-align: right;">Total number of pages including cover sheet, attachments and document: 3</p>	

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**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

DELAWARE DEPARTMENT OF STATE  
 U.C.C. FILING SECTION  
 FILED 08:19 PM 11/04/2014  
 INITIAL FILING # 2014 4441861

SRV: 141369653

A. NAME & PHONE OF CONTACT AT FILER (optional)  
 MICHELL DO 9497600404

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

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

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME  
 RESEARCH GROUP THREE, INC.

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 3164 E. LA PRIMA AVE. UNIT A ANAHEIM CA 92806 US

1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION  
 CORPORATION DE

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

2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION

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  
 KNOBBE, MARTENS, OLSON & BEAR, LLP

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 2040 MAIN ST., 14TH FLOOR IRVINE CA 92614 US

4. This FINANCING STATEMENT covers the following collateral:  
 Collateral Description - please see attachment

6. THIS FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS. Attach Addendum if applicable. 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA  
 RGTH - UCC1

All of debtor's intellectual property that is or has ever been the subject of secured party's representation and all files and records relating thereto, any recoveries from litigation involving such intellectual property, including, without limitation, any judgments, amounts paid in settlement, insurance proceeds and any awards of attorneys' fees and costs, and any other proceeds of such intellectual property, including, but not limited to, the property described below.

### U.S. Patent & Patent Applications

Patent No.	Issued Date	Title of Invention
6712541	3/30/2004	MULTI-POST SHOCK ANSORBER CLAMP SYSTEM
7018126	3/28/2006	MULTI-POST SHOCK ABSORBER CLAMP SYSTEM

### U.S. Trademark & Trademark Application

Application No.	Filing Date	Trademark Name
85/826156	1/17/2013	