

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

To the Director, U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): (List using letters or numbers for multiple parties)

KNOBBE, MARTENS, OLSON & BEAR, LLP

- Individual
- Association
- Other: California Limited Liability Partnership
- General Partnership
- Limited Partnership
- Corporation of:

Additional name(s) of conveying party(ies) attached?
 Yes No

3. Nature of conveyance:

- Assignment
- Merger
- Other: **Security Interest Termination**
- Security Agreement
- Change of Name

Execution Date: (List as in section 1 if multiple signatures)

MAY 17, 2016

5. Party to whom correspondence concerning document should be mailed:

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.: JAWEL.UCC3

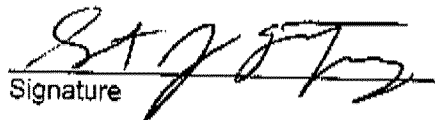
8. Deposit account number: 11-1410

Please charge this account for any additional fees which may be required, or credit any overpayment to this account.

9. Statement and signature.

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.

STEVEN J. NATAUPSKY
Name of Person Signing


Signature

5/26/16
Date

Total number of pages including cover sheet, attachments and document: 2

2. Name and address of receiving party(ies):

Name: JASON SCOTT WELSHER
 Internal Address:
 Street Address: 2031 S. LYNX AVE.
 City: ONTARIO State: CA
 ZIP: 91761

- Individual
- Association
- Other:
- General Partnership
- Limited Partnership
- Corporation of:

If assignee is not domiciled in the United States, a domestic representative designation is attached:

Yes No

Additional name(s) and address(es) attached?

Yes No

4. Application number(s) or registration number(s):

a. Trademark Application No(s):

b. Trademark Registration No(s):
2709947

Additional numbers attached?

Yes No

6. Total number of applications and registrations involved:
1

7. Total fee (37 CFR 1.21(h)):\$40.00

Authorized to be charged to deposit account

CH \$40.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
 MICHELL T DO
 (949) 760-0404

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
 Knobbe, Martens, Olson & Bear, LLP
 2040 Main Street, 14th Floor
 Irvine, CA 92614
 USA

DOCUMENT NUMBER: 55166080002
 FILING NUMBER: 16-75258115
 FILING DATE: 05/17/2016 15:33

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1a. INITIAL FINANCING STATEMENT FILE NUMBER
 13-7377264353

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer: Alloch Amendment Addendum (Form UCC9Ad) and provide Debtor's name in item 13

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

3. **ASSIGNMENT** (full or partial): Provide name of Assignor in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. **PARTY INFORMATION CHANGE**
 Check one of these two boxes: Debtor or Secured Party of record. **AND Check one of these three boxes to:**
 CHANGE name and/or address: Complete item 6a or 6b; and item 7a and 7b and item 7c
 ADD name: Complete item 7a or 7b, and item 7c
 DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

OR	6a. ORGANIZATION'S NAME			
	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify or abbreviate any part of the Debtor's name)

OR	7a. ORGANIZATION'S NAME			
	7b. INDIVIDUAL'S SURNAME			
	INDIVIDUAL'S FIRST PERSONAL NAME			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			
				SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8. **COLLATERAL CHANGE:** Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
 Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
 If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

OR	a. ORGANIZATION'S NAME Knobbe, Martens, Olson & Bear, LLP			
	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:
 JAWEL - UCC3

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