

<u>Case No.</u>	<u>Trademark Name:</u>	<u>Application No.</u>	<u>Filing Date:</u>
ROBOG.002T	ROBOGROW	86/592687	4/9/2015
ROBOG.003T	GROWX	86/656872	6/9/2015

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) MICHELL DO (949) 760-0404	
B. E-MAIL CONTACT AT FILER (optional) MICHELL.DO@KOBORRE.COM	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
KNOBBE, MARTENS, OLSON & BEAR, LLP 2040 MAIN STREET 14TH FLOOR IRVINE, CA 92614	

Delaware Department of State
 U.C.C. Filing Section
 Filed: 07:16 PM 04/13/2016
 U.C.C. Initial Filing No: 2016 2190005
 Service Request No: 20162280103

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME GROWX INC.				
OR	1b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
99 SOUTH ALGADORN BLVD., SUITE 600	SAN JOSE	CA	95113	US

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME KNOBBE, MARTENS, OLSON & BEAR, LLP				
OR	3b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2040 MAIN ST., 14TH FLOOR	IRVINE	CA	92614	US

4. COLLATERAL: This financing statement covers the following collateral:
Collateral Description - please see attached

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, Item 17 and instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessor/Lessor Consignor/Consignor Seller/Buyer Bailor/Bailor Licensor/Licensor

8. OPTIONAL FILER REFERENCE DATA:
 201604 - 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 Application

Application No.	Filing Date	Title of Invention
62/188538	07/03/15	

Non U.S. Patent & Patent Application

Application No.	Filing Date	Country	Title of Invention
PCT/US2016/026538	4/7/2016	WO	

U.S. Trademark & Trademark Applications

Application No.	Filing Date	Trademark Name
86/592687	4/9/2015	ROBOGROW
86/656872	6/9/2015	GROWX