

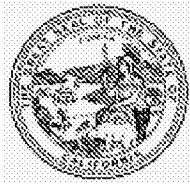
## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM393235

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	LIEN		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Koastal Incorporated		07/31/2016	Corporation: CALIFORNIA
Derek Horn		07/31/2016	INDIVIDUAL: UNITED STATES
Brad Horn		07/31/2016	INDIVIDUAL: UNITED STATES
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Eric Hanscom		
<b>Street Address:</b>	2121 Palomar Airport Road, Suite 170		
<b>City:</b>	Carlsbad		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	92011		
<b>Entity Type:</b>	INDIVIDUAL: UNITED STATES		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4686632	LUCID GRIP. CLEAR GRIP FOR YOUR SHRED ST	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Email:</b>	eric@iciplaw.com		
<b>Correspondent Name:</b>	Eric Hanscom		
<b>Address Line 1:</b>	2121 Palomar Airport Road, Suite 170		
<b>Address Line 4:</b>	Carlsbad, CALIFORNIA 92011		
<b>NAME OF SUBMITTER:</b>	Eric Hanscom		
<b>SIGNATURE:</b>	/Eric Hanscom/		
<b>DATE SIGNED:</b>	07/31/2016		
<b>Total Attachments: 4</b>			
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OP \$40.00 4686632



SECRETARY OF STATE  
STATE OF CALIFORNIA

UCC Filing Acknowledgement

07/31/2016

Page 1 of 2

HANSCOM ERIC  
7395 PORTAGE WAY  
CARLSBAD CA 92011

Filing Fee: \$5.00  
Total Fee: \$5.00

The California Secretary of State's Office has received and filed your document. The information below reflects the data that was indexed in our system. Please review the information for accuracy. Included is an image of the filed document to assist you in your review. If you find a potential error, please notify the UCC Section at the number listed below at your earliest convenience.

Filing Type: **Financing Statement**

File Date: **07/31/2016**

File Time: **10:17**

Filing Number: **16-7539110548**

Lapse Date: **07/31/2021**

Debtor(s):

ORGANIZATION

**KOASTAL INCORPORATED**

**23275 DEL LAGO DRIVE LAGUNA HILLS CA USA 92653**

INDIVIDUAL

**HORN, DEREK, ,**

**23275 DEL LAGO DRIVE LAGUNA HILLS CA USA 92653**

INDIVIDUAL

**HORN, BRAD, ,**

**23275 DEL LAGO DRIVE LAGUNA HILLS CA USA 92653**

Secured Party(ies):

INDIVIDUAL

**HANSCOM, ERIC, ,**

**7395 PORTAGE WAY CARLSBAD CA USA 92011**

Filing by the Secretary of State is not conclusive proof that all conditions for securing priority have been met. Ensuring that accurate information is on the document to be filed is the responsibility of the filing party. If this filing is challenged, the Secretary of State does not guarantee that the filing is legally sufficient to secure priority under UCC Article 9 and expressly disclaims any liability for failure of the filing party to secure priority resulting from the information contained in the filed document, or the lack of information on the filed document.

PROGRAMS ARCHIVES, BUSINESS PROGRAMS, ELECTIONS, INFORMATION TECHNOLOGY, CALIFORNIA STATE HISTORY MUSEUM,  
MANAGEMENT SERVICES, SAFE AT HOME, DOMESTIC PARTNERS REGISTRY, NOTARY PUBLIC, POLITICAL REFORM

# UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Eric Hanscom 760 651 0142
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Eric Hanscom 7395 Portage Way Carlsbad, CA 92011 USA

DOCUMENT NUMBER: 56560990003  
FILING NUMBER: 16-7539110548  
FILING DATE: 07/31/2016 10:17

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
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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)

OR	1a. ORGANIZATION'S NAME Koastal Incorporated	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	1b. INDIVIDUAL'S SURNAME			
1c. MAILING ADDRESS 23275 Del Lago Drive	CITY Laguna Hills	STATE CA	POSTAL CODE 92653	COUNTRY USA

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)

OR	2a. ORGANIZATION'S NAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	2b. INDIVIDUAL'S SURNAME Horn	Derek		
2c. MAILING ADDRESS 23275 Del Lago Drive	CITY Laguna Hills	STATE CA	POSTAL CODE 92653	COUNTRY USA

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

OR	3a. ORGANIZATION'S NAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	3b. INDIVIDUAL'S SURNAME Hanscom	Eric		
3c. MAILING ADDRESS 7395 Portage Way	CITY Carlsbad	STATE CA	POSTAL CODE 92011	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
US Trademark No. 4686632, granted February 17, 2015, for "Lucie Grip, Clear Grip for your Shred Stick".

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):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

TRADEMARK  
REEL: 005841 FRAME: 0738

**UCC FINANCING STATEMENT ADDENDUM****FOLLOW INSTRUCTIONS**

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here <input type="checkbox"/>	
OR	9a. ORGANIZATION'S NAME Kostal Incorporated
	9b. INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S)      SUFFIX

DOCUMENT NUMBER: 56560990003

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10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c					
OR	10a. ORGANIZATION'S NAME				
	10b. INDIVIDUAL'S SURNAME Horn				
	INDIVIDUAL'S FIRST PERSONAL NAME Brad				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)      SUFFIX				
10c. MAILING ADDRESS 23275 Del Lago Drive		CITY Laguna Hills	STATE CA	POSTAL CODE 92653	COUNTRY USA

11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b)					
OR	11a. ORGANIZATION'S NAME				
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (collateral):				
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13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)		14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing.		
15. Name and address of RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):		16. Description of real estate:		

17. MISCELLANEOUS:				
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RECORDED: 07/31/2016

TRADEMARK  
REEL: 005841 FRAME: 0739