900374114 08/09/2016

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM394322

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	LIEN
RESUBMIT DOCUMENT ID:	900373055

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Rick H Cabados		07/31/2016	INDIVIDUAL: UNITED STATES

RECEIVING PARTY DATA

Name:	Eric Hanscom
Doing Business As:	DBA InterContinental IP
Street Address:	2121 Palomar Airport Road, Suite 170
City:	Carlsbad
State/Country:	CALIFORNIA
Postal Code:	92011
Entity Type:	INDIVIDUAL: UNITED STATES

PROPERTY NUMBERS Total: 5

Property Type Number		Word Mark			
Registration Number:	3523906	LIFE IONIZER			
Registration Number:	3817230	LIFE'S PURE ORGANIC WATER			
Registration Number:	3813798	"LIFE'S PURE ORGANIC WATER - WE BRING YO			
Registration Number:	3813797	LIFE ALKALINE ORGANIC WATER			
Registration Number:	3892480	LIFE IONIZERS EARTHTRADE WATER BIO-ENERG			

CORRESPONDENCE DATA

Fax Number:

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.

Email: eric@iciplaw.com

Correspondent Name: Eric Hanscom

Address Line 1: 2121 Palomar Airport Road, Suite 170

Address Line 4: Carlsbad, CALIFORNIA 92011

NAME OF SUBMITTER:Eric HanscomSIGNATURE:/Eric Hanscom/DATE SIGNED:08/09/2016

Total Attachments: 4

TRADEMARK
REEL: 005851 FRAME: 0205

900374114

source=UCC_1_Cabados#page1.tif source=56560990002_Form_Cabados#page1.tif source=56560990002_Form_Cabados#page2.tif source=56560990002_Form_Cabados#page3.tif



UCC Filing Acknowledgement

07/31/2016

Page 1 of 1

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: 10:13

Filing Number: **16-7539110427** Lapse Date: **07/31/2021**

Debtor(s):

INDIVIDUAL

CABADOS, RICK, H.,

1127 KILDEER CT. ENCINITAS CA USA 92024

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.

UCC FINANCING STATEMENT						
FOLLOWINSTRUCTIONS		Ī				
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		DOCUMENT N				
Carlsbad, CA 92011 USA		FILING NUMBER: 16-7539110427 FILING DATE: 07/31/2016 10:13				
				TRONICALLY FOR N		
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do	not omit modify or abbreviate					
in line 1b, leave all of item 1 blank, check here \(\frac{3}{}\) and provide the Individual Debtor inform				. Of the marriadal popular	o name wii net iii	
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Id. ONGAINEATION O NAME						
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	UTIONAL NA	ME(S)/INITIAL(S)	SUFFIX	
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The state of the						
1c. MAILING ADDRESS 1127 Kildeer Ct.	Encinitæs	STA- CA		TAL CODE 024	COUNTRY USA	
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name; do	not omit modify or abbreviate a	any part of the Debtor's nam	ne): if any nar	t 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 inform					3 Hame Will Hot He	
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OR CONTROLLING CURNING	Leibat bebaauu uuus	Linn			Louisen	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
2c. MAILING ADDRESS	CITY	STA	TE POS	TAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURED P.	ARTY): Provide only one Securi	ed Party name (3a or 3h)				
<u> </u>	Art 1). I Tovide only <u>one</u> decar	ed Faity hame (ea of eb)				
3a. ORGANIZATION'S NAME						
OR						
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAM	ME(S)/INITIAL(S)	SUFFIX	
Hanscom	Eric					
3c. MAILING ADDRESS	CITY	STAT		TAL CODE	COUNTRY	
7395 Portage Way	Carlsbad	CA	920)11	USA	
4. COLLATERAL: This financing statement covers the following collateral:						
US Trademarks Nos.						
3523906, for LIFE IONIZER						
4275920, for MAGNACAL BALANCE						
4393531, for PITCHER OF LIFE						
4359129, for HERB DOCTOR						
4407949, for HERB DOCTOR						
4077132, for GOOD FOR LIFE						
4193949, for HYDRACIDE						
l '						
4077133, for WATER FOR LIFE						
E Oberlands (Constitution of the decision of the Constitution of t	18 d itaas 47 and instructions)	years to also and an installation of the	D d d	de Deservat Deservat de		
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC	IAG, item 17 and instructions)	being administered by				
6a. Check <u>only</u> if applicable and check <u>only</u> one box:		[6b.		f applicable and check <u>or</u>		
Public-Finance Transaction Manufactured-Home Transaction A Debtor is	a Transmitting Utility		Agricultur	al Lien Non-UCC	Filing	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Con	signor Seller/Buyer	Bailee/Bailor Licer	nsee/Licensor	r		

FILING OFFICE COPY

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

PAMOLE OF PIRST DESTOR S ANNABLE	_	OWINSTRUCTIONS								
DOCUMENT NUMBER: 55560990002 FIRST PERSONAL MANE RICK ADDITIONAL NAME(S)INITIAL(S) H. DOCUMENT NUMBER: 55560990002 IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR CA PILING OFFICE USE ONLY 10. DESTOR'S MAME: Provide: "Que of 150 yorly gas satisfared Debrer name or Debtor name that did not fill inline" by at 26 of the Financing Statement (Form UCC1) (use exact, full name, do not one), or distorwate any port of the Debtor's name) and enter the mining satisfare in line 100. 10. DESTOR'S MAME: Provide: "Que of 150 yorly gas satisfared Debrer name or Debtor name that did not fill inline" by at 26 of the Financing Statement (Form UCC1) (use exact, full name, do not one), or did not fill inline to a 26 of the Financing Statement (Form UCC1) (use exact, full name, do not one), or did not fill name, and provide one) and post of the Financing Statement (Form UCC1) (use exact, full name, do not one), or did not fill name, and post of the Financing Statement (Form UCC1) (use exact, full name, do not one), or did not fill name, and post of the Financing Statement (Form UCC1) (use exact, full name, do not one), or did not fill name, do not on	-									
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	13.	13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)								
				16. Description of re	al estate:					

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17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

	LOW INSTRUCTIONS AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left	blank bed	cause individual					
	Debtor name did not fit, check here							
9a. ORGANIZATION'S NAME								
OR	9b. INDIVIDUAL'S SURNAME Cabados							
	FIRST PERSONAL NAME Rick							
	ADDITIONAL NAME(S)/INTITAL(S) 님.		SUFFIX	DOCUMENT NUMBER: 56560990002 IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY				
10. l	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor nanodify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10	ame that d	lid not fit in line 1b or	2b of the Financing S	tatement (Fo	rm UCC1) (use exact, full name	e; do not omit,	
	10a. ORGANIZATION'S NAME							
	10b. INDIVIDUAL'S SURNAME							
OR	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX				
10c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
11.	ADDITIONAL SECURED PARTY'S NAME or MASSIGNOR SECU	RED PA	ARTY'S NAME: P	rovide only <u>one</u> name	(11a or 11b)	ı		
	11a. ORGANIZATION'S NAME							
OR	11b. INDIVIDUAL'S SURNAME	FIRST PI	ERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
11c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
374 374 392 381	12. ADDITIONAL SPACE FOR ITEM 4 (collateral): 3748811, for YOUNG LIFE SCIENCES 3741120, for RAWPEOPLE PUBLISHING 3929117, for LIFE IONIZERS EMPOWERED WATER PUT THE LIFE BACK IN YOUR WATER! 3811749, for CIRCLE OF LIFE RAWPEOPLE.COM "KNOWLEDGE = POWERPOWER TO THE PEOPLERAWPEOPLE.COM" 3746098, for CIRCLE OF LIFE RAWPEOPLE.COM "KNOWLEDGE = POWERPOWER TO THE PEOPLERAWPEOPLE.COM"							
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17.	7. MISCELLANEOUS:							

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RECORDED: 07/31/2016