

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM398796

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	RELEASE OF SECURITY INTEREST		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Finova Capital Corporation		11/30/2000	Corporation: NEW YORK
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	SenTech Medical Systems, Inc.		
<b>Street Address:</b>	5353 N.W. 35th Avenue		
<b>City:</b>	Fort Lauderdale		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33309		
<b>Entity Type:</b>	Corporation: FLORIDA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2049058	SENTECH MEDICAL SYSTEMS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2488645960		
<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>Phone:</b>	2488645959		
<b>Email:</b>	tmdocketing@darrowmustafa.com		
<b>Correspondent Name:</b>	Mark M. Zylka		
<b>Address Line 1:</b>	410 N. Center Street, Suite 200		
<b>Address Line 4:</b>	Northville, MICHIGAN 48167		
<b>NAME OF SUBMITTER:</b>	Mark M. Zylka		
<b>SIGNATURE:</b>	/MARK M. ZYLKA/		
<b>DATE SIGNED:</b>	09/16/2016		
<b>Total Attachments: 12</b>			
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Private Client Group

Merrill Lynch Business  
Financial Services Inc.  
222 North LaSalle Street  
17th Floor  
Chicago, Illinois 60601  
312/269-3040  
FAX 312-499-3253

Rene Suarez  
Documentation Manager

November 30, 2000

Mr. Bruce Van Weele  
FINOVA Capital Corporation  
400 Northridge Road, suite 1100  
Atlanta, GA 30350

**RE: UCC TERMINATION FOR SENTECH MEDICAL SYSTEMS, INC.**

Dear Mr. Van Weele,

We have recently paid off all obligations with your bank in connection to the above referenced customer. Enclosed please find 2 UCC-3's to terminate your UCC-1 Financing Statement Nos. 990000102954 filed on 05/07/1999 and 990000102958 filed on 05/07/1999 with the Secretary of State's office. Please execute this termination and return it to my attention in the envelope provided at your earliest convenience.

If you have any questions, please do not hesitate to call me at the above number.

Very truly yours,

Rene Suarez  
Documentation Manager

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UNIFORM COMMERCIAL CODE

STATE OF FLORIDA  
FINANCING STATEMENT

FORM UCC-3 (REV. 1993)

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code:

1. Debtor (Last Name First if an individual) SenTech Medical Systems, Inc.		1a. Date of Birth or FEID 65-0392938
1b. Mailing Address 5353 N.W. 35TH Avenue		1c. City, State FORT LAUDERDALE, FL # 23351
2. Additional Debtor or Trade Name (Last Name First if an individual) SenTech Medical Systems, Inc.		1d. Zip Code 33309
2b. Mailing Address 13100 56th Court, Suite 701		2a. Date of Birth or FEID
3. Secured Party (Last Name First if an individual) FINOVA Capital Corporation		2b. Zip Code 33760
3a. Mailing Address P.O. Box 2209, attn. FCS-NY Attn: Law Department		3c. City, State PHOENIX, AZ
4. Additional Secured Party (Last Name First if an individual)		3d. Zip Code 85002
4a. Mailing Address		4b. City, State
		4c. Zip Code

5. This Statement refers to original Financing Statement bearing file number: 990000102954 filed on 05/07/1999

- 6.
- A.  Continuation - The original Financing Statement between the Debtor and Secured Party bearing the file number shown above is continued FL - SOS
  - B.  Release - The Secured Party releases the collateral described in Block 7 below from the Financing Statement bearing the file number shown above. RELEASE DOES NOT TERMINATE LIES AGAINST DEBTOR.
  - C.  Full Assignment - All of the Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7 below.
  - D.  Partial Assignment - Some of Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7. A description of the collateral subject to the assignment is also shown in Block 7.
  - E.  Amendment - The Financing Statement bearing the file number shown above is amended as set forth in Block 7. (See instructions for signature requirements.)
  - F.  Termination - The Secured Party or lender claims an interest under the Financing Statement bearing the file number shown above.
  - G.  Other -

7. Description of collateral released or assigned, Assignee name and address, or amendment. Use additional sheet(s) if necessary.

200100011891--5

This Space for Use of Filing Officer

8. Signature(s) of Debtor(s): (only if amendment - see instructions)

9. Signature(s) of Secured Party(ies):

FINOVA Capital Corporation

10. Number of Additional Sheets Presented: \_\_\_\_\_

11. Return Copy to:

Name LEXIS DOCUMENT SERVICES INC  
 Address PO BOX 2969  
 Address SPRINGFIELD, IL 62709  
 City, State, Zip

FILED  
 01 JAN 16 AM 11:46  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

0-116-01

P2 #2351

UNIFORM COMMERCIAL CODE

STATE OF FLORIDA FINANCING STATEMENT

FORM UCC-3 (REV. 1992)

This Financing Statement is presented by a filing officer for filing pursuant to the Uniform Commercial Code.

1. Debtor (Last Name First if an individual): Sentech Medical Systems, Inc.		1a. Date of Birth or FEIN: 65-0392938
1b. Mailing Address: 5353 N.W. 35TH Avenue		1c. City, State: FORT LAUDERDALE, FL
2. Additional Debtor or Trade Name (Last Name First if an individual): Sentech Medical Systems, Inc.		1d. Zip Code: 33309
2b. Mailing Address: 13100 56th Court, Suite 701		2a. Date of Birth or FEIN:
3. Secured Party (Last Name First if an individual): FINOVA Capital Corporation		2c. City, State: CLEARWATER, FL
3a. Mailing Address: P.O. Box 2209, attn. FGS-NY Attn: Law Department		2d. Zip Code: 33760
4. Additional Secured Party (Last Name First if an individual):		3b. City, State: PHOENIX, AZ
4a. Mailing Address:		3c. Zip Code: 85002
		4b. City, State:
		4c. Zip Code:

5. This Statement refers to original Financing Statement bearing file number: 990000102958 filed on 05/07/1999

6.


A. <input type="checkbox"/> Continuation -	The original Financing Statement between the Debtor and Secured Party bearing the file number shown above is corrected.
B. <input type="checkbox"/> Release -	The Secured Party releases the collateral described in Block 7 below from the Financing Statement bearing the file number shown above. RELEASED BY SIGNATURE OF DEBTOR.
C. <input type="checkbox"/> Full Assignment -	All of the Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7.
D. <input type="checkbox"/> Partial Assignment -	Some of Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7. A description of the collateral subject to the assignment is set forth in Block 7.
E. <input type="checkbox"/> Amendment -	The Financing Statement bearing the file number shown above is amended as set forth in Block 7. (See instructions for signature requirements.)
F. <input checked="" type="checkbox"/> Termination -	The Secured Party no longer claims an interest under the Financing Statement bearing the file number shown above.
G. <input type="checkbox"/> Other -	

7. Description of collateral released or assigned, Assignee name and address, or amendment. Use additional sheet(s) if necessary.

200100011890--7

This Space for Use of Filing Officer

8. Signature(s) of Debtor(s): (only if amendment - see instructions)

9. Signature(s) of Secured Party(ies):  
  
 FINOVA Capital Corporation

FILED  
 01 JAN 16 AM 11:46  
 TALLAHASSEE, FLORIDA  
 OFFICE OF THE CLERK OF THE  
 SUPREME COURT OF THE STATE OF FLORIDA

10. Number of Additional Sheets Presented \_\_\_\_\_

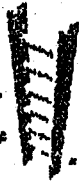
11. Return Copy to:

Name: LEXIS DOCUMENT SERVICES INC  
 Address: PO BOX 2969  
 Address: SPRINGFIELD, IL 62708  
 City, State, Zip:

TRADEMARK  
REEL: 005879 FRAME: 0558

CITY NATIONAL BANK

The way up.®



February 14, 2006

Re: AMF Support Surfaces, Inc.

To Whom It May Concern:

This letter is to confirm that as of February 14, 2006 the Notes listed below for AMF Support Surfaces, Inc. have been paid in full. AMF Support Surfaces, Inc. has no Lines of Credit or Notes Payable open with CNB.

1. Account/note #642367/00003.
2. Account/note #642367/00004.
3. Account/note #642367/00005
4. Account/note #642367/34958

Feel free to contact Bank should you have any questions or need additional information.

Sincerely,

Cheri Warren  
Vice President

CW:era

cc: Charles Wyatt

Facsimile

**CITY NATIONAL BANK**  
The way up.



Long Beach National Center 11 Golden Chords, Sixth Floor  
Long Beach, CA 90802-2020

Date: January 26, 2006

From: Elissa McFarlin

Number of pages faxed: 2  
(including this page)

Office: LBCBS

Acknowledgment requested  
Please respond by:

Phone: 562-624-8634

Fax: 562-624-8653

Subject: AMF Support Surfaces - UCC-3 termination

To: Michelle

Office: AMF Support Surfaces

Fax: 951-549-6840

Per our conversation, attached is a copy of a UCC-3 termination that City National Bank has sent to the Secretary of State for recording. We sent this form in on Wednesday 1/25/06 and it will probably take the State around 4-6 weeks to record.

Let me know if you have any questions or need additional information.

**CAUTION - CONFIDENTIAL**

The information contained in this facsimile transmission is confidential and may also contain legally privileged information or work product. The information is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this facsimile transmission in error, please notify the sender immediately by telephone and return the original message to us by mail. Thank you.

ID 030413 (07/2002)

(071)

TO: MICHELLE  
FROM: ELISSA MCFARLIN  
SUBJECT: AMF SUPPORT / LOAN #242707 (MBS, OCCLES)  
RE: STATEMENT OF WORK

3) 030411 (P. 06/2002)

(333)

TOTAL P. 02



### UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (Print and bring) CAREFULLY

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

Bob Hinnig (310) 797-8104

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CITY NATIONAL BANK (PS-001-048-2)  
CITY LOAN CENTER  
831 S. DOUGLAS STREET, SUITE 107  
EL SEGUNDO, CA 90245

THE ABOVE PARTY IS THE FILING OFFICE ONLY

1. ORIGINAL FINANCING STATEMENT FILE #

0720560005

To:  UCC FINANCING STATEMENT FILING OFFICE  
 FILER (to be returned to the FILER - SEE INSTRUCTIONS)

2.  TERMINATION: Cancellation of the Financing Statement identified above is authorized with respect to a party identified on Schedule 1 by the Termination Amendment.

3.  CONTINUATION: Cancellation of the Financing Statement identified above with respect to a party identified on the Filing Office's Continuation Amendment is authorized for the duration period specified by the Filing Office.

4.  ASSIGNMENT: (to be printed) Give name of assignee on item 7a or 7b and address of assignee in item 7c. See also item 7d. See also item 7e.

5. AMENDMENT (PARTY INFORMATION): This Amendment should be  Debtor or  Secured Party of the original financing statement.

AND CHECK ONE of the following three boxes and provide appropriate information in item 7:

CHANGE name and/or address: Please refer to the attached instructions regarding the change in name/address of a party.  DO NOT MAKE OR CHANGE INFORMATION CONTAINED IN THIS STATEMENT.  ADD NEW CREDITORS TO THIS STATEMENT.

6. CURRENT RECORD INFORMATION

6a. ORGANIZATION'S NAME

AMF SUPPORT SERVICES

OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED PARTY OR ADDITIONAL INFORMATION

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. SECURED PARTY ADDITIONAL INFORMATION TYPE OF ORGANIZATION JURISDICTION OF ORGANIZATION ORGANIZATION'S ID #

8. AMENDMENT (LEGAL CHANGES) Check only one box. Database culture:  deletion or  record, or give value  record and value or  deletion or  record.

9. NAME OF SECURED PARTY or RECORD AUTHORIZING THIS AMENDMENT (Name of assignor, if this is an Assignment; if not, it is the name of the Debtor, or if this is a Termination authorized by a Debtor, check here  or give name of FILER (to be returned to the FILER - SEE INSTRUCTIONS))

9a. ORGANIZATION'S NAME  
CITY NATIONAL BANK A NATIONAL BANKING ASSOCIATION

OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA

AMF SUPPORT / LOAN #342307 / 34959, 00005



**PAY-OFF LETTER OF WYATT LIVING TRUST**

February 15, 2006

Anodyne Medical Device, Inc.  
c/o Hollywood Capital, Inc.  
6601 Center Drive West, Suite 325  
Los Angeles, CA 90045  
Attention: Mark Bidner, Chairman & CEO

Dear Mr. Bidner:

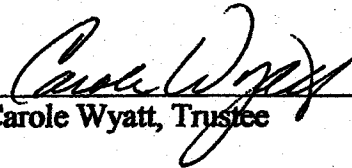
This letter is being executed and delivered in connection with that certain Agreement and Plan of Merger, dated as of even date herewith (the "Merger Agreement"), among Anodyne Medical Device, Inc., a Delaware corporation ("Parent"), AMF Acquisition Corp., a Delaware corporation, AMF Support Surfaces, Inc., a California corporation ("AMF"), and Charles C. Wyatt.

The undersigned, Charles C. Wyatt and Carol A. Wyatt, Trustees of the Wyatt Living Trust (the "Trust"), hereby represent and warrant to Parent as of the date hereof, that: (i) all indebtedness of AMF to the Trust has been paid-off by AMF; and (ii) AMF has no obligations or liabilities to the Trust whatsoever.

Accordingly, we hereby direct Parent to pay \$3,740,000 to Charles C. Wyatt and \$0 to the Trust pursuant to Section 2.9(b)(i) of the Merger Agreement.



Charles C. Wyatt, Trustee



Carole Wyatt, Trustee



FEB-09-2006 02:54  
NOV-30-00 THU 10:51 AM

MERRILL LYNCH

FAX NO.

312 499 3036 P.002  
P. 02

**FINOVA**  
FINANCIAL INNOVATORS

November 30, 2000

TRANSMITTED VIA FAX  
ORIGINAL TO FOLLOW

Ms. Jennifer D'Alto  
Merrill Lynch Business Financial Services Inc.  
222 North La Salle Street, 17<sup>th</sup> Floor  
Chicago, IL 60601

Dear Ms. D'Alto:

We have heretofore provided Sen Tech Medical Systems, Inc. and Sen Tech Medical Services, Inc. (the "Borrowers") with financing under the various financing agreements between the Borrowers and ourselves. We understand that it is your intention to provide financing to the Borrowers but that you are unwilling to do so unless our financing, security and our documents with the Borrowers in connection therewith are terminated and all the obligations of the Borrowers to us are paid in full.

This shall confirm the following:

1. The total obligations owed by the Borrowers to us is \$672,194.21 as of November 30, 2000 with a per diem if payment is received after 11:00 A.M., November 30, 2000 of \$207.90 (the "Payout").

2. The Payout should be remitted to us by wire transfer to:

FINOVA Business Credit  
Citibank, NA  
New York, NY  
ABA #: 021000089  
Account #: 40751896  
OBI: ZQX35610ZQX  
Reference: Sentec medical Systems, Inc.

3. Upon the receipt by us of the Payout, all obligations of the Borrowers to us shall have been fully paid, and all financing agreements between ourselves and the Borrowers shall be terminated, and we shall promptly deliver to you all UCC Termination Statements necessary to terminate all UCC filings which we may have against the Borrowers, and such other documents as may be reasonably necessary to effectuate the termination of our liens in Borrowers' assets.

11/30/00 Per Ms. VonWeche - wire cutoff is at 11 EST - *JK*  
add the per diem of \$ 207.90 to \$672,194.21

Total for 12/1/00 = \$ 672,402.11

TRADEMARK  
REEL: 005879 FRAME: 0565

FEB-09-2006 02:54

MERRILL LYNCH

312 499 3035

P.003

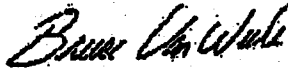
NOV-30-00 THU 10:52 AM

FAX NO.

P. 03

We understand that you may rely on the provisions of this letter in your providing financing to the Borrower and providing the funding of the Payout.

Very truly yours,  
FINOVA CAPITAL CORPORATION



Bruce Van Weele  
Assistant Vice President