

Client Code: EVKNP.UCC3

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
2. Name and address of receiving party(ies):
Name: ERIC VON KNIPE
Internal Address: SUITE 620
Street Address: 9601 WILSHIRE BLVD.
City: BEVERLY HILLS State: CA
ZIP: 90210
3. Nature of conveyance:
(X) Other: Security Interest Termination
4. Application number(s) or registration number(s):
a. Trademark Application No(s): 77/273534
b. Trademark Registration No(s):
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.: EVKNP.UCC3
6. Total number of applications and registrations involved: 2
7. Total fee (37 CFR 1.21(h)): \$65.00
(X) Authorized to be charged to deposit account
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 Date
Total number of pages including cover sheet, attachments and document: 3

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Trademark Status Report					
<u>Case No.</u>	<u>Trademark Name:</u>	<u>Application No.</u>	<u>Filing Date:</u>	<u>Reg Date:</u>	<u>Reg No:</u>
EVKNP.001T	MOLD WIPES	77/273534	9/6/2007	3/4/2008	3393715
EVKNP.002T	MOLD MILDEW WIPES	77/273472	9/6/2007	3/11/2008	3396732

# 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:** 61356430003  
**FILING NUMBER:** 17-75855552  
**FILING DATE:** 05/15/2017 11:35

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**1a. INITIAL FINANCING STATEMENT FILE NUMBER**  
 08-7162980564

**1b.**  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: Attach Amendment Addendum (Form UCC3Ad) 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 Assignee 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:**  
 EVKNP - UCC3

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RECORDED: 05/17/2017

TRADEMARK  
 REEL: 006094 FRAME: 0974