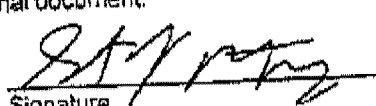


Client Code: UXN.UCC3

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

To the Director, U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): (List using letters or numbers for multiple parties)</p> <p>KNOBBE, MARTENS, OLSON & BEAR, LLP</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Association <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Other: California Limited Liability Partnership <input type="checkbox"/> Corporation of:</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: UXN CO., LTD. Internal Address: 288, BEOTKKOT-RO, GEUMCHEON-GU Street Address: #309, SAMSUNG LEADERS TOWER, City: SEOUL State: KOREA ZIP: 153-790</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Association <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Other: Limited <input type="checkbox"/> Corporation of:</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Additional name(s) and address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Security Agreement <input type="checkbox"/> Merger <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other: Security Interest Termination</p> <p>Execution Date: (List as in section 1 if multiple signatures) 05/17/2019</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s): 87/616321</p> <p>b. Trademark Registration No(s):</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p>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.: UXN.UCC3</p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR 1.21(h)): \$40.00 <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p>
<p>8. Deposit account number: 11-1410</p> <p>Please charge this account for any additional fees which may be required, or credit any overpayment to this account.</p>	
<p>9. Statement and signature.</p> <p>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.</p> <p>STEVEN J. NATAUPSKY  <u>6/11/19</u> Name of Person Signing Signature Date</p> <p>Total number of pages including cover sheet, attachments and document: 2</p>	

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TRADEMARK

UCC FINANCING STATEMENT AMENDMENT
 FOLLOW INSTRUCTIONS



2019051721-1
 Doc #: 2019051721 Fees: \$31.50
 05/17/2019 09:30 AM Pages: 1
 Filed and Recorded in Official Records of
 WASH DC RECORDER OF DEEDS IDA WILLIAMS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Michell Do / (949) 721-5265

B. E-MAIL CONTACT AT FILER (optional)
Michell.Do@Knobbe.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Knobbe, Martens, Olson & Bear, LLP
 Attn: Michell Do
 2040 Main St., 14th Floor
 Irvine, CA 92614

RECORDING FEES \$25.00
 SURCHARGE \$6.50

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
2018029609-2

1b This FINANCING STATEMENT AMENDMENT is to be filed (for record) or (recorded) in the REAL ESTATE RECORDS Filer: **Assign 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 8a or 8b; and item 7a or 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)

6a ORGANIZATION'S NAME

OR 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)

7a ORGANIZATION'S NAME

OR 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

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

9a ORGANIZATION'S NAME
Knobbe, Martens, Olson & Bear, LLP

OR 9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10 OPTIONAL FILER REFERENCE DATA
UXN - UCC3 - UXNCO, LTD. *ewj 7/18/19.*

FILING OFFICE COPY - UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/2011)

International Association of Commercial Administrators (IACA)