

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM752942

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	SECURITY INTEREST		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
PROBUS MEDICAL TECHNOLOGIES INC.		06/10/2022	Corporation: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	KNOBBE, MARTENS, OLSON & BEAR, LLP		
<b>Street Address:</b>	2040 MAIN STREET		
<b>Internal Address:</b>	14TH FLOOR		
<b>City:</b>	IRVINE		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	92614		
<b>Entity Type:</b>	Limited Liability Partnership: CALIFORNIA		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88950140	SUGARCLICK	
<b>Serial Number:</b>	88962245	CLICKCLICK	
<b>Serial Number:</b>	88983510	SUGARCLICK	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	9497609502		
<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>	(949) 760-0404		
<b>Email:</b>	MICHELL.DO@KNOBBE.COM		
<b>Correspondent Name:</b>	KNOBBE, MARTENS, OLSON & BEAR, LLP		
<b>Address Line 1:</b>	2040 MAIN STREET		
<b>Address Line 2:</b>	14TH FLOOR		
<b>Address Line 4:</b>	IRVINE, CALIFORNIA 92614		
<b>ATTORNEY DOCKET NUMBER:</b>	ADMIN - PROB1.UCC1		
<b>NAME OF SUBMITTER:</b>	STEVEN J. NATAUPSKY		
<b>SIGNATURE:</b>	/Steven J. Nataupsky/		
<b>DATE SIGNED:</b>	09/01/2022		
<b>Total Attachments: 6</b>			

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source=2022-06-28 Recorded UCC3 Lien Amendment (DE) - PROB1#page2.tif

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

**A. NAME & PHONE OF CONTACT AT FILER (optional)**  
MICHELL DO (949) 760-0404

**B. E-MAIL CONTACT AT FILER (optional)**  
MICHELL.DO@KNOBBE.COM

**C. SEND ACKNOWLEDGMENT TO: (Name and Address)**

KNOBBE, MARTENS, OLSON & BEAR, LLP ATT: MICHELL DO  
2040 MAIN STREET  
14TH FLOOR  
IRVINE, CA 92614

Delaware Department of State  
U.C.C. Filing Section  
Filed: 04:54 PM 06/10/2022  
U.C.C. Initial Filing No: 2022 4903340  
Service Request No: 20222692541

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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)

1a. ORGANIZATION'S NAME  
PROBUS MEDICAL TECHNOLOGIES INC.

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 8397 158TH AVE NE #324	CITY REDMOND	STATE WA	POSTAL CODE 98052
		COUNTRY US	

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)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
		COUNTRY	

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

3a. ORGANIZATION'S NAME  
KNOBBE, MARTENS, OLSON & BEAR, LLP

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 2040 MAIN STREET, 14TH FLOOR	CITY IRVINE	STATE CA	POSTAL CODE 92614
		COUNTRY US	

4. **COLLATERAL:** This financing statement covers the following collateral:  
Collateral Description - please see attached

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:  
PROB1 - UCC1

All of debtor's intellectual property that is or has ever been the subject of secured party's representation and all files and records relating thereto, any recoveries from litigation involving such intellectual property, including, without limitation, any judgments, amounts paid in settlement, insurance proceeds and any awards of attorneys' fees and costs, and any other proceeds of such intellectual property, including, but not limited to, the property described below.

Non US Patent & Patent Application

Application No.	Filing Date	Country	Title of Invention
PCT/US2020/032980	05/14/2020	WO	BLOOD SAMPLING DEVICE, SYSTEM, AND METHOD

Non US Trademark & Trademark Applications

Application No.	Filing Date	Trademark Name
88/950140	06/05/2020	SUGARCLICK
88/962245	06/12/2020	CLICKCLICK

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> MICHELL DO (949) 760-0404
<b>B. E-MAIL CONTACT AT FILER (optional)</b> MICHELL.DO@KNOBBE.COM
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> KNOBBE, MARTENS, OLSON & BEAR, LLP ATT: MICHELL DO 2040 MAIN STREET 14TH FLOOR IRVINE, CA 92614

Delaware Department of State  
U.C.C. Filing Section  
Filed: 07:36 PM 06/14/2022  
U.C.C. Initial Filing No: 2022 4903340  
Amendment No: 2022 5014683  
Service Request No: 20222724704

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
20224903340

1b.  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Acknowledgment (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 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
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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
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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.  
**Collateral Description - please see attached**

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:**  
PROB1 - UCC3 (AMENDMENT)

All of debtor's intellectual property that is or has ever been the subject of secured party's representation and all files and records relating thereto, any recoveries from litigation involving such intellectual property, including, without limitation, any judgments, amounts paid in settlement, insurance proceeds and any awards of attorneys' fees and costs, and any other proceeds of such intellectual property, including, but not limited to, the property described below.

#### Non US Patent & Patent Applications

Application No.	Filing Date	Country	Title of Invention
PCT/US2020/032980	05/14/2020	WO	BLOOD SAMPLING DEVICE, SYSTEM, AND METHOD
PCT/US2021/046559	08/18/2021	WO	BLOOD SAMPLING DEVICE AND METHOD OF USING THE SAME

#### Non US Trademark & Trademark Applications

Application No.	Filing Date	Trademark Name
88/950140	06/05/2020	SUGARCLICK
88/962245	06/12/2020	CLICKCLICK

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

**A. NAME & PHONE OF CONTACT AT FILER (optional)**  
MICHELL DO (949) 760-0404

**B. E-MAIL CONTACT AT FILER (optional)**  
MICHELL.DO@KNOBBE.COM

**C. SEND ACKNOWLEDGMENT TO: (Name and Address)**

KNOBBE, MARTENS, OLSON & BEAR, LLP ATT: MICHELL DO  
2040 MAIN STREET  
14TH FLOOR  
IRVINE, CA 92614

Delaware Department of State  
U.C.C. Filing Section  
Filed: 10:07 PM 06/28/2022  
U.C.C. Initial Filing No: 2022 4903340  
Amendment No: 2022 5425277  
Service Request No: 20222856690

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
20224903340

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For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

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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 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

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Collateral Description - please see attached

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9a. ORGANIZATION'S NAME  
KNOBBE, MARTENS, OLSON & BEAR, LLP

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:**  
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88/962245	06/12/2020	CLICKCLICK
88/983510	06/05/2020	SUGARCLICK