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TO THE ASSISTANT COMMISSIONER OF P

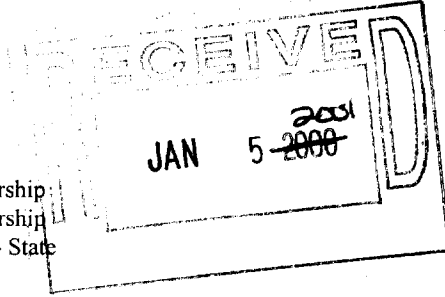
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attached original documents or copy thereof.

1. Name of conveying party(ies): (If multiple assignors; list numerically)

DUNK.NET

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation - State
- Other:



Additional name(s) of conveying party(ies) attached?

Yes  No

2. Name and address of receiving party(ies):

Name: KNOBBE, MARTENS, OLSON & BEAR, LLP

Internal Address: Sixteenth Floor

Street Address: 620 Newport Center Drive

City: Newport Beach State: CA ZIP: 92660

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation - State
- Other:

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No

(Designations must be a separate document from Assignment)

Additional name(s) and address(es) attached?

Yes  No

3. Nature of conveyance:

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other: (Security Interest)

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) November 20, 2000

4. Application number(s) or registration number(s):

a. Trademark Application No(s): 75/507,463

b. Trademark Registration No(s):

Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Darrell L. Olson  
KNOBBE, MARTENS, OLSON & BEAR, LLP  
Customer No. 20,995

Internal Address: Sixteenth Floor  
Street Address: 620 Newport Center Drive  
City: Newport Beach State: CA ZIP: 92660  
Attorney's Docket No.: DUNK.001T

7. Total fee (37 CFR 3.41): \$340.00

- Enclosed
- 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.

6. Total number of applications and registrations involved: 13

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.

Darrell L. Olson  
Name of Person Signing

Signature

Date

1/2/01

Total number of pages including cover sheet, attachments and document: 3

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents and Trademarks  
Box Assignments  
Washington, D.C. 20231

01/22/2001 GTON11 00000073 75507463  
01 FC:481 40.00 DP  
02 FC:482 300.00 DP

**EXHIBIT "A"**

- Title: DUNQ  
Trademark Application Number: 75/560674  
Filed: 9/28/98
- Title: DUNK.NET  
Trademark Application Number: 75/611960  
Filed: 12/24/98
- Title: MISCELLANEOUS DESIGN (CROSS...)  
Trademark Application Number: 75/739419  
Filed: 6/29/99
- Title: MISCELLANEOUS DESIGN (CIRCLE..)  
Trademark Application Number: 75/608917  
Filed: 12/21/98
- Title: MISCELLANEOUS DESIGN  
Trademark Application Number: 75/801391  
Filed: 9/16/99
- Title: MISCELLANEOUS DESIGN  
Trademark Application Number: 75/801166  
Filed: 9/16/99
- Title: MISCELLANEOUS DESIGN  
Trademark Application Number: 75/801390  
Filed: 9/16/99
- Title: MISCELLANEOUS DESIGN  
Trademark Application Number: 75/801393  
Filed: 9/16/99
- Title: MISCELLANEOUS DESIGN  
Trademark Application Number: 75/802603  
Filed: 9/16/99
- Title: MISCELLANEOUS DESIGN (CIRCLE..)  
Trademark Application Number: 75/801392  
Filed: 9/16/99

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**FINANCING STATEMENT** — FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)	B. FILING OFFICE ACCT. # (optional)
C. RETURN COPY TO: (Name and Mailing Address)	
[ Faded return address text ]	
D. OPTIONAL DESIGNATION (if applicable)	LESSOR/LESSEE
	CONSIGNOR/CONSIGNEE
	NON-UCC FILING

**FILED**  
**SACRAMENTO, CA**  
**NOV 20, 2000 AT 0800**  
**BILL JONES**  
**SECRETARY OF STATE**

**1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)**

1a. ENTITY'S NAME	[ Faded name ]			
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE
1d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)**

2a. ENTITY'S NAME	[ Faded name ]			
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE
2d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE

**3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)**

3a. ENTITY'S NAME	[ Faded name ]			
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE

**4. This FINANCING STATEMENT covers the following types or items of property:**

[ Faded text describing property types ]

5. CHECK BOX [ ] This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions [additional data may be required]	7. If filed in Florida (check one) <input type="checkbox"/> Documentary stamp tax paid <input type="checkbox"/> Documentary stamp tax not applicable
6. REQUIRED SIGNATURE(S) [ Faded signature ]	8. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable]
	9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

**(2) ACKNOWLEDGEMENT COPY** — NATIONAL FINANCING STATEMENT (FORM UCC1) (TRANS) (REV. 12/18/95)

WOLGOTT'S FORM UCCNAT01