

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Ybarra (949) 721-5265					DOCUMENT NUMBER: 9586030002 FILING NUMBER: 06-7084582343 FILING DATE: 09/12/2006 10:19 IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY				
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614 USA									
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names									
OR									
1a. ORGANIZATION'S NAME Surgifile, Inc.					FIRST NAME		MIDDLE NAME		SUFFIX
1b. INDIVIDUAL'S LAST NAME					FIRST NAME		MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS 2122 Subida Terrace				CITY Carlsbad		STATE CA	POSTAL CODE 92009	COUNTRY USA	
1d. SEE INSTRUCTIONS		ADD'L DEBTOR INFO		1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION CA	1g. ORGANIZATIONAL ID#, if any <input checked="" type="checkbox"/> NONE			
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names									
OR									
2a. ORGANIZATION'S NAME					FIRST NAME		MIDDLE NAME		SUFFIX
2b. INDIVIDUAL'S LAST NAME					FIRST NAME		MIDDLE NAME		SUFFIX
2c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY	
2d. SEE INSTRUCTIONS		ADD'L DEBTOR INFO		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE			
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)									
OR									
3a. ORGANIZATION'S NAME Knobbe, Martens, Olson, & Bear, LLP					FIRST NAME		MIDDLE NAME		SUFFIX
3b. INDIVIDUAL'S LAST NAME					FIRST NAME		MIDDLE NAME		SUFFIX
3c. MAILING ADDRESS 2040 Main Street				CITY Irvine		STATE CA	POSTAL CODE 92614	COUNTRY USA	
4. This FINANCING STATEMENT covers the following collateral: See Attachment(s)									
5. ALT DESIGNATION: <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING									
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable]					7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2				
8. OPTIONAL FILER REFERENCE DATA SURGIF									

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TRADEMARK
REEL: 003394 FRAME: 0298

“All of debtor’s intellectual property which is the subject of secured party’s representation, on any recoveries from litigation involving such intellectual property and on any other proceeds of such intellectual property, including but not limited to the property described below.”

Trademark Status Report

Case Number	Trademark Name	Class	Country	Status	Application Number	Filing Date	Reg Number	Reg Date	Renewal Date
SURGIF.003T	SURGIFILE	10	US	Registered	78/243349	4/29/2003	3042450	1/10/2006	1/10/2016
SURGIF.004T	PLASTIFILE	10	US	Registered	78/243354	4/29/2003	3112559	7/4/2006	7/4/2016
SURGIF.005T	ORTHOFILE	10	US	Registered	78/243358	4/29/2003	3112560	7/4/2006	7/4/2016
SURGIF.006T	NEUROFILE	10	US	Registered	78/243361	4/29/2003	3042451	1/10/2006	1/10/2016

Friday, September 08, 2006

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