Client Code: SURGIF.UCC1

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

Name of conveying party(ies): (List using letters or	Name and address of receiving party(ies):			
numbers for multiple parties)	Name: KNOBBE, MARTENS, OLSON & BEAR LLP			
SURGIFILE, INC.	Internal Address: Fourteenth Floor Street Address: 2040 Main Street City: Irvine State: CA ZIP: 92614			
() Individual () General Partnership () Association () Limited Partnership () Other: (X) Corporation of: California	() Individual () General Partnership () Association () Limited Partnership () Other: () Corporation of:			
Additional name(s) of conveying party(ies) attached? () Yes (X) No	If assignee is not domiciled in the United States, a domestic representative designation is attached: () Yes (X) No			
3. Nature of conveyance:	Additional name(s) and address(es) attached? () Yes (X) No			
() Assignment () Security Agreement () Merger () Change of Name	4. Application number(s) or registration number(s):			
(X) Other: Security Interest	a. Trademark Application No(s):			
Execution Date: (List as in section 1 if multiple signatures) September 12, 2006	b. Trademark Registration No(s): 3,042,450			
	Additional numbers attached? (X) Yes () No			
Party to whom correspondence concerning document should be mailed;	Total number of applications and registrations involved: 4			
Customer No. 20,995				
Address: Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14 th Floor	7. Total fee (37 CFR 1.21(h)): \$115.00			
Irvine, CA 92614 Return Fax: (949) 760-9502 Attorney's Docket No.: SURGIF.UCC1	(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.				
James B. Bear Name of Person Signing Total number of pages including cover sheet, attachments and document: 3				

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Ybarra (949) 721-5265 B. SEND ACKNOWLEDGMENT TO: (Name and Address) **DOCUMENT NUMBER: 9586030002** Knobbe, Martens, Olson & Bear, LLP FILING NUMBER: 06-7084582343 2040 Main Street, 14th Floor FILING DATE: 09/12/2006 10:19 Irvine, CA 92614 **IMAGE GENERATED ELECTRONICALLY FOR WEB FILING** THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY USA 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME Surgifile, Inc. OR 1b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX FIRST NAME POSTAL CODE COUNTRY CITY 1c. MAILING ADDRESS 92009 USA 2122 Subida Terrace Carlsbad 1e. TYPE OF 11. JURISDICTION ADD'L DEBTOR INFO 1d. SEE 1g. ORGANIZATIONAL ID#, if any OF ORGANIZATION ORGANIZATION INSTRUCTIONS NONE Corporation 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME OR FIRST NAME MIDDLE NAME SUFFIX 2b. INDIVIDUAL'S LAST NAME POSTAL CODE COUNTRY CITY 2c. MAILING ADDRESS 2d. SEE ADD'L DEBTOR INFO 2e. TYPE OF 2f. JURISDICTION 2g. ORGANIZATIONAL ID#, if any OF ORGANIZATION ORGANIZATION INSTRUCTIONS NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

4. This FINANCING STATEMENT covers the following collateral:

See Attachment(s)

3c. MAILING ADDRESS

2040 Main Street

3a. ORGANIZATION'S NAME

3b. INDIVIDUAL'S LAST NAME

Knobbe, Martens, Olson, & Bear, LLP

5. ALT DESIGNATION: LESSEE/LESSOR CONSIGNEE/CONSIGNOR		
☐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 SI [ADDITIONAL FEE] [o	EARCH REPORT(S) on Debtor(s) optional] All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		
SURGIF		

FIRST NAME

CITY Irvine MIDDLE NAME

STATE

CA

POSTAL CODE

92614

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SUFFIX

USA

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Page 1 of 3

"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

newal Date	1/10/2016	7/4/2016	7/4/2016	1/10/2016
Reg Date Renewal Date	1/10/2006	7/4/2006	7/4/2006	1/10/2006
Reg. Number	3042450	3112559	3112560	3042451
Filing Date	4/29/2003	4/29/2003	4/29/2003	4/29/2003
Application Number	78/243349	78/243354	78/243358	78/243361
Status	Registered	Registered	Registered	Registered
Country	SO	Sn	OS	Sn
Class	10		01	10
Trademark Name	SURGIFILE	PLASTIFILE	ORTHOFILE	NEUROFILE
Case Number	SURGIF.003T	SURGIF.004T	SURGIF 005T	SURGIF.006T

Friday, September 08, 2006

TRADEMARK REEL: 003394 FRAME: 0299

RECORDED: 09/20/2006