# TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY

### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Knobbe, Martens, Olsen & Bear, LLP		11/25/2013	PARTNERSHIP: UNITED STATES

### **RECEIVING PARTY DATA**

Name:	Ms Sheri Roese
Street Address:	34522 N. Scottsdale Road #637
City:	Scottsdale
State/Country:	ARIZONA
Postal Code:	85266
Entity Type:	INDIVIDUAL: UNITED STATES

## PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Serial Number:	77819939	EMERALD CITIES
Serial Number:	77711890	EMERALD CITIES PROJECT

### **CORRESPONDENCE DATA**

**Fax Number**: 6232982081

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

via US Mail.

Phone: 4802215012

Email: Sheri@emeraldcitiesusa.com

Correspondent Name: Sheri Roese

Address Line 1: 34522 N. Scottsdale Road #637 Address Line 4: Scottsdale, ARIZONA 85266

ATTORNEY DOCKET NUMBER:	SROES-UCC3
NAME OF SUBMITTER:	Sheri Roese
Signature:	/SR/

900274102 REEL: 005170 FRAME: 0097

TOP \$65.00 77819939

Date:	12/10/2013
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FILED - ARIZONA SECRETARY OF STATE 11/25/13 15:32 2011-165-5096-7

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FOLLOW INSTRUCTIONS			<b>4</b> 1				
A NAME & PHONE OF CO			*****************************				
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B. SEND ACKNOWLEDGE	MENT TO: (Name	e and Address)					
Knobbe, Ma	rtens, Olson	& Bear, LLP					
Attn: Michel							
2040 Main S	•	•		9			
Irvine, CA 9	2614			11881	188 188 8	######################################	
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***************************************	man and the second	00000000000000000000000000000000000000		THE ABOVE SP		R FILING OFFICE USE OF FINANCING STATEMENT A	***************************************
1a. INITIAL FINANCING STAT 201116550967	EMENT FILE #				m to b	e filed [for record] (or records	
	authorized of the file	ancing Statement identified above	is terminated with res	spect to security interest(s) of the		AL ESTATE RECORDS.  ty authorizing this Termination	: Statement.
		Financing Statement identified ab					
3. CONTINUATION: E continued for the additi			ove worrespect is o	onomy microadicy at the access			
4 ASSIGNMENT full of	r nadial). Give nam	e of assignee in item 7a or 7b and	address of assignee	in item 7c; and also give name o	f assignor in	item 9.	300000000000000000000000000000000000000
5. AMENOMENT (PARTY		<b>₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩</b>		ed Party of record. Check only p		***************************************	MAMMANA PARTICIPATOR COCCOCCOCCOCCOCCOCCOCCCCCCCCCCCCCCCC
		provide appropriate information in	items 6 and/or 7.				
	ildress: Please refert	o the detailed instructions	TT DELETE nam	e: Give record name in item 6a or 5b.	ADD r	iame: Complete item 7a or 7b, a omplete items 7e-7g (if applicab	ndalsoitem7c, le).
6, CURRENT RECORD IN	000000000000000000000000000000000000000	***************************************		***************************************	200000000000000000000000000000000000000		
6a. ORGANIZATION'S N	AME	******					
.00						NA A A A ST	TSUFFIX
OR 65. INDIVIDUAL'S LAST	NAME		FIRST NAME		WIDDLE	NAME	SUFFIX
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	***************************************		000000000000000000000000000000000000000		***************************************	
7. CHANGED (NEW) OR A		ION:					
7a. ORGANIZATION'S N	Mivies						
OR 76, INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS			CITY	CITY		POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS		7e TYPE OF ORGANIZATION	71, JURISOICTIO	ON OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR	1					NONE
8. AMENDMENT (COLLA	TERAL CHANGE	E): check only <u>one</u> box.					
Describe collateral [ ] del	etect or added,	or give entire restated collate	eral description, or d	escribe collateralassigned			
					;		
							•.
							•
				•			
				•			
9 NAME OF SECURED	PARTY OF REC	ORD AUTHORIZING THIS AF	MENDMENT (name	of assignor, if this is an Assignm	ent). If this i	s an Amendment authorized b	y a Debtor which
adds collateral or adds the	authorizing Debtor,	or if this is a Termination authorize	d by a Debtor, check	here and enter name of DE	BTOR auth	orizing this Amendment	
9a, ORGANIZATION'S N							
Knobbe, Ma	rtens, Olso	n & Bear, LLP				,	
96, INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	INWING	SUFFIX

10, OPTIONAL FILER REFERENCE DATA

**RECORDED: 12/10/2013** 

SROES - UCC3

international Association of Commercial Administrators (IACA)
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

**TRADEMARK REEL: 005170 FRAME: 0099**