

Client Code: HOWELL.002C1

06-16-1998



TO THE ASSISTANT COMMIS

100739798

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

Wesley A. Howell

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

() Yes (X) No

VER SHEET

Y

attached original documents or copy thereof.

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

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

() Yes (X) No

3. Nature of conveyance:

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

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above)
December 4, 1997

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

() Application(s) filed herewith Execution Date(s):

() Patent Application No.:

Filing Date:

(X) Patent No.: 5,389,093

Issue Date: February 14, 1995

Additional numbers attached? () Yes (X) No

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

Name: Edward A. Schlatter

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.: HOWELL.002C1

7. Total fee (37 CFR 3.41): \$40

(X) Enclosed

(X) Authorized to be charged to deposit account if any additional fees are required, or to credit any overpayment

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 patents involved: 1

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.

Edward A. Schlatter

Name of Person Signing


Signature

June 3, 1998
Date

32,297

Registration No.

Total number of pages including cover sheet, attachments and document: 2

Mail documents to be recorded with required cover sheet information to:

Assistant Commissioner for Patents
Box Assignments
Washington, D.C. 20231

JRC-7028-jc
060398

KNOBBE, MARTENS, OLSON & BEAR, LLP
620 NEWPORT CENTER DR 16TH FLOOR NEWPORT BEACH, CA 92660
(949) 760-0404 FAX (949) 760-9502

PATENT
REEL: 9227 FRAME: 01

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06/15/1998 T1011
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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) D. Walsh 714-721-2933	B. FILING OFFICE ACCT. # (optional)
C. RETURN COPY TO: (Name and Mailing Address) Knobbe, Martens, Olson & Bear, LLP Attn: Danielle Walsh 620 Newport Center Drive, 15th Floor Newport Beach, CA 92660	
D. OPTIONAL DESIGNATION (if applicable) <input type="checkbox"/> LESSOR/LESSEE <input type="checkbox"/> CONSIGNOR/CONSIGNEE <input type="checkbox"/> NON-UCC FILING	

FILED
SACRAMENTO, CA
DEC 04, 1997 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			
OR	1b. INDIVIDUAL'S LAST NAME		
	FIRST NAME		
	MIDDLE NAME		
	SUFFIX		
1c. MAILING ADDRESS		CITY	STATE
6926 Doheny, Unit D		Alta Loma	CA
1d. S.S. OR TAX I.D.#		1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
OPTIONAL ADD'L INFO RE ENTITY DEBTOR			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			
OR	2b. INDIVIDUAL'S LAST NAME		
	FIRST NAME		
	MIDDLE NAME		
	SUFFIX		
2c. MAILING ADDRESS		CITY	STATE
			CA
2d. S.S. OR TAX I.D.#		2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
OPTIONAL ADD'L INFO RE ENTITY DEBTOR			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			
OR	3b. INDIVIDUAL'S LAST NAME		
	FIRST NAME		
	MIDDLE NAME		
	SUFFIX		
3c. MAILING ADDRESS		CITY	STATE
620 Newport Center Dr., 16th Floor		Newport Beach	CA
			US
			92660

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

This is a lapsed Filing: Original date filed 10/19/92 File #92224868

General Intangibles more particularly described as all Patents, Patent Applications, Trademarks, Trademark Applications and Registrations including: Wetness Indicating Diaper, U.S. Patent Application Number 07/461,465 (Wetness Indicating Diaper), and all Patents issuing thereon and all contractual rights and licenses related thereto and the substitution therefor and the accessions thereto, now owned or hereafter acquired: wherever located

5. CHECK BOX <input checked="" type="checkbox"/> 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) Dan J. Olson	8. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum <input type="checkbox"/> (if applicable)
	9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

13: ACKNOWLEDGEMENT/COPY 998

NATIONAL FINANCING STATEMENT FORM UCC-927 (REV. 11/85)

WOLCOTT'S FORM UCCNAT01