Clienit Code: WRLDLB.001A 08-28-199 TO THE ASSISTANT COMMISSION 10080885						
 Name of conveying party(ies): (If multiple assignors, list numerically) 	2. Name and address of receiving party(ies):					
Serotech, Inc. Additional name(s) of conveying party(ies) attached?	Name: KNOBBE, MARTENS, OLSON & BEAR, LLP Internal Address: Sixteenth Floor Street Address: 620 Newport Center Drive City: Newport Beach State: CA ZIP: 92660					
() Yes (X) No MRD 8-24-98	Additional name(s) of receiving party(ies) attached? () Yes (X) No					
3. Nature of conveyance:	4. Application number(s) or Patent number(s):					
 () Assignment () Merger () Security Agreement 	() Application(s) filed herewith Execution Date(s):					
 () Security Agreement () Change of Name (x) Other: Security Interest 	() Patent Application No.: Filing Date:					
Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) August 7, 1998	 (X) Patent No.: 5,532,998 Issue Date: July 2, 1996 Additional numbers attached? () Yes (X) No 					
5. Name and address of party to whom correspondence	7. Total fee (37 CFR 3.41): \$40					
concerning document should be mailed:	7. 10tal lee (37 CFR 3.41). \$40					
Name: James B. Bear KNOBBE, MARTENS, OLSON & BEAR, LLP Customer No. 20,995 Internal Address: Sixteenth Floor Street Address: 620 Newport Center Drive	 (X) Enclosed (X) Authorized to be charged to deposit account if any additional fees are required, or to credit any overpayment 					
City: Newport Beach State: CA ZIP: 92660 Attorney's Docket No.: WRLDLB.003GEN	8. Deposit account number: 11-1410					
Auoriey's Docket No., WREDEB.005GEN	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 informa the original document.	tion is true and correct, and any attached copy is a true copy of					
James B. Bear	58/20/78					
Name of Person Signing Sign	ature/ Date					

25,221 Registration No.

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

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

40.00 BP

08/27/1998 INBUYEN 00000199 5532998

01 FC:581

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

JRC-7036:jc 082098

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

	THIS SPAC	E FOR USE OF FILING OFFICER						
FINANCING ST	CAREFULL Y	9822361040						
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.			T 19918: HAID DANG MAKANAN DIALA MANA MANA MANA MANA MANA					
	DNTACT AT FILER (optional) B. FILING OF	FICE ACCT. # (optional)		I KI AMIN MANN	HEINI BENN BANK BERN B		l	
C.RETURN COPY TO: (Knobbe, Attn: 620 New	Name and Mailing Address) Martens, Olson & Bear Dani e lle Walsh Port Center B rive, 164 Beach, CA 92660		S RUG	Ø7,	FILED IMENTO, 1998	RT 080	DØ	
	t		SE	CRET	LL JÓN ARY OF	STATE		
D.OPTIONAL DESIGNATION								
	FULL LEGAL NAME - insert only one debtor nar	ne (1a or 1b)						
1a. ENTITY'S NAME								
OR Serotec		FIRST NAME		MIDDLE	NAME		SUFFIX	
					1000	100		
C MAILING ADDRESS	Coast Highway #320 OPTIONAL 16 TYPE OF ENTITY ADD NL INFO RE	CITY Corona del Ma II. ENTITY'S STATE OR COUNTRY OF	ar	CA	COUNTRY US TY'S ORGANI	POSTALCO 9252	5	
	ENTITY DEBTOR OR'S EXACT FULL LEGAL NAME - insert only of	ORGANIZATION			<u> </u>		l	N
2a. ENTITY'S NAME	TAS EACT FULL LEGAL NAME - Insert Unity (
R 26. INDIVIDUAL'S LAS	T NAME	FIRST NAME			NAME	1	SUFFIX	
C MAILING ADDRESS		CITY		STATE	COUNTRY	POSTALCO	DE	
d. S.S. OR TAX I.D.#	OPTIONAL 20 TYPE OF ENTITY ADD'NL INFO RE ENTITY DEBTOR	21.ENTITY'S STATE OR COUNTRY OF ORGANIZATION	I		TY'S ORGANI).#, if any]N
SECURED PARTY	S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXAC	CT FULL LEGAL NAME - insert onl	ly one secure	d party i	name (3a or	3b)		
Knobbe.	Martens, Olson & Bea	r, LLP						
CR 3b. INDIVIDUAL'S LAS		FIRSTNAME	M	MIDDLE N	AME		SUFFIX	
c. MAILING ADDRESS		CITY		STATE	COUNTRY	IPOSTAL CO	DE	
	Center Drive, 16th Fl		. 1	CA	US	9266		
This FINANCING STATEN	ent covers the following types or items of property: Patent: Patent #5,532 Optical Spect	,998 Issued 7/2 roscopic Informa	2/96 ation		:age	-		
Pending	Patent: Australian Pa Optical Spect	tent Number #AU roscopic Inform	96492 ation	12 Stor	rage			
BOX (a) in colla [if applicable] debtor's lo	NCING STATEMENT is signed by the Secured Party inst- teral already subject to a security interest in another juri cation was changed to this state, or (b) in paccordance w	sdiction when it was brought into this sta	ate, or when the data may be re-	quired]	Documen stamp tax	x paid 🛄 ta	ocumenta x not app	licab
REQUIRED SIGNATURE(S	1 l atta	in transf	(or		CING STATEN) in the REAL E		ORDS	
			9. Check	to REQU	EST SEARCH	CERTIFICAT	(if ap E(S) on E	
	·		(ADDITIO (optional)	NAL FEE] All Del	btors Deb	lor 1	Debte

_

All Debtors Debtor 1 Debtor 2 WOLCOTTS FORM UCCNAT01 (2) ACKNOWLEDGEMENT COPY - NATIONAL FINANCING STATEMENT (FORM UCC1) (TRANS) REV 12/18/95)

-1

1