

Correspondent Name and Address **Area Code and Telephone Number**

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages **Enter the total number of pages of the attached conveyance document including any attachments.** #

Application Number(s) or Patent Number(s) **Mark if additional numbers attached**

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

| | | | | | |
|---|----------------------|----------------------|--|--|----------------------|
| Patent Application Number(s) | | | Patent Number(s) | | |
| <input type="text" value="08/480,691"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="4 847 755"/> | <input type="text" value="5 765 037"/> | <input type="text"/> |
| <input type="text" value="08/914,077"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="5 021 945"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="5 517 628"/> | <input type="text"/> | <input type="text"/> |

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

Patent Cooperation Treaty (PCT)

Enter PCT application number only if a U.S. Application Number has not been assigned.

| | | |
|--------------------------|--------------------------|--------------------------|
| PCT <input type="text"/> | PCT <input type="text"/> | PCT <input type="text"/> |
| PCT <input type="text"/> | PCT <input type="text"/> | PCT <input type="text"/> |

Number of Properties **Enter the total number of properties involved.** #

Fee Amount **Fee Amount for Properties Listed (37 CFR 3.41):** \$

Method of Payment: **Enclosed** **Deposit Account**

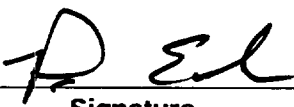
Deposit Account
(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: **Yes** **No**

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. Charges to deposit account are authorized, as indicated herein.

PHILLIP D. ECK  10/13/98

Name of Person Signing **Signature** **Date**

COLORADO UCC-1 FINANCING STATEMENT

(See instructions on back)
Standard Form Effective May 1, 1998
Total Fee = \$16

1ST DEBTOR

Name (Last, First): **BIAX CORPORATION**
SSN/FED Tax ID: **84-0686437**
Street: **2452 BRIARWOOD DR.**
City, State, Zip: **BOULDER, CO 80303**

Check One:
 Business
 Individual

2ND DEBTOR (Put additional Debtors on attachment)

Name (Last, First):
SSN/FED Tax ID:
Street:
City, State, Zip:

Check One:
 Business
 Individual

1ST SECURED PARTY (Put additional Secured Parties on attachment)

Name (Last, First): **EQUIPMENT INVESTMENT & MANAGEMENT CO**
Street: **6 SHELLDRAKE LANE**
City, State, Zip: **PALM BEACH GARDENS, FL 33418**

ASSIGNED PARTY (Put additional Assigned Party on attachment)

Name (Last, First):
Street:
City, State, Zip:

RETURN COPY TO

Name: **PHILLIP ECK**
Street: **1675 BROADWAY, SUITE 2600**
City, State, Zip: **DENVER, CO 80202**

Name of the Record Owner of the real property containing the collateral is: _____

(See instruction 13)

Above Space For Filing Officer Use Only

CHECK ONLY ONE (If no box is checked, it will be filed in UCC only)
 File in UCC ONLY.
 This statement is to be recorded in the real estate records ONLY.
 This statement is to be filed in UCC AND recorded in real estate records. (Requires an additional recording fee)
 The debtor is a transmitting utility.

FOR UCC FILINGS (Fill in collateral codes from UCC codes)

| | | | |
|----|----|-----|-----|
| 10 | 20 | 60 | 550 |
| 12 | 34 | 70 | |
| 15 | 40 | 500 | |

FOR AGRICULTURAL LIEN NOTIFICATION

Check if this filing is intended as EFS Notification
Enter EFS collateral code, County Code and crop years covered.
If all years are covered, leave from and to dates blank.

| EFS Code | County Code | From | To |
|----------|-------------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

COMPLETE DESCRIPTION OF COLLATERAL (Use if collateral codes do not adequately describe collateral. Attach additional pages if necessary) ALL RIGHT, TITLE AND INTEREST IN AND TO THE FOLLOWING PROPERTY:
ALL ASSETS, INCLUDING ACCOUNTS, GENERAL INTANGIBLES (INCLUDING ANY RIGHTS IN OR TO INTELLECTUAL PROPERTY), CHATTEL PAPER, CONSUMER GOODS, DOCUMENTS, EQUIPMENT, INVESTMENT PROPERTY, FIXTURES AND INVENTORY.


Debtor Signature(s)

RAYMOND S. LIVINGSTONE, JR.
Printed Name(s)

PRESIDENT
Title

(See instruction 14)


Secured Party Signature(s)

RAYMOND S. LIVINGSTONE, JR.
Printed Name(s)

PRESIDENT
Title

561/627-9797
Contact Phone & FAX