

Client Code: KENNING.001A

RECORDATION FORM COVER SHEET
PATENTS ONLY

12-14-1998

MAD 12/17/98



100921257

TO THE ASSISTANT COMMISSIONER FOR PATENTS: Please record the attached original

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

Gregory Kenning

Additional name(s) of conveying party(ies) attached?
() Yes (X) No

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
- () Security Agreement
- () Change of Name
- (x) Other: Security Interest

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) October 23, 1998

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

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

(X) Patent Application No.: 08/946,108
Filing Date: October 2, 1997

(x) Patent No.: 5,717,602
Issue Date: February 10, 1998

Additional numbers attached? () Yes (X) No

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

Name: Darrell L. Olson
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.: KENNING.001A

7. Total fee (37 CFR 3.41): \$80.00

(X) Enclosed
(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.

6. Total number of applications and patents involved: 2

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.

Darrell L. Olson
Name of Person Signing

Signature

Date

Registration No. 28,247

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

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

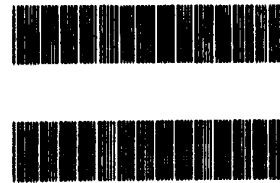
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PATENT
REEL: 9624 FRAME: 0666

12/17/1998 JMW/KMS 00000157 08946108 80.00 UP

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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)		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, 16th Floor Newport Beach, CA 92660			
D. OPTIONAL DESIGNATION (if applicable):		LESSOR/LESSEE	CONSIGNOR/CONSIGNEE
		NON-UCC FILING	

FILED
SACRAMENTO, CA
OCT 23, 1998 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
Kennina		GREGORY	
1c. MAILING ADDRESS		CITY	STATE COUNTRY POSTAL CODE
P.O. Box 626		Crestline	CA US 92325
1d. SS OR TAX ID #	OPTIONAL ADD'L INFO RE ENTITY/DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			1g. ENTITY'S ORGANIZATIONAL ID #, 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
2c. MAILING ADDRESS		CITY	STATE COUNTRY POSTAL CODE
2d. SS OR TAX ID #	OPTIONAL ADD'L INFO RE ENTITY/DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			2g. ENTITY'S ORGANIZATIONAL ID #, 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
Knobbe, Martens, Olson & Bear, LLP			
3c. MAILING ADDRESS		CITY	STATE COUNTRY POSTAL CODE
620 Newport Center Dr., 16th Floor Newport Beach		CA	US 92660

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

Issued Patent: Patent #5,717,602 Issued 2/10/98
Automated Electrophoresis and Analysis System

Pending Patent: 08/946,108 Filed 10/2/97
Automated Electrophoresis and Analysis System

Pending Patent: PCTUS97/11383 Filed 7/1/97
Automated Electrophoresis and Analysis System

5. CHECK <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest	7. If filed in Florida (check one)
BOX <input checked="" type="checkbox"/> (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the (if applicable) debtor's location was changed to this state, or (b) in accordance with other statutory provisions (additional data may be required)	<input type="checkbox"/> Documentary stamp tax paid <input type="checkbox"/> Documentary stamp tax not applicable
6. REQUIRED SIGNATURE(S) <i>Danielle Walsh</i>	8. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record, or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable)
	9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor's (ADDITIONAL FEE) (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

(2) ACKNOWLEDGEMENT COPY - NATIONAL FINANCING STATEMENT (FORM UCC1) (TRANS) (REV. 12/18/85) WOLCOTT'S FORM UCCNAT01

RECORDED: 12/07/1998 REEL: 9624 FRAME: 0667