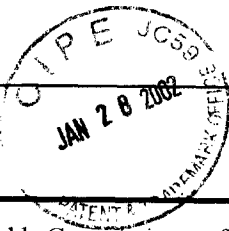


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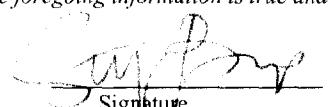
FORM PTO 1595
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U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

1-28-02

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies) Tsi Ming Chang Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Names and address of receiving party(ies): Name: 1Vision Software, Inc. Address: 200 E. 7th Street, Suite 416 City, State & Zip: Loveland, Colorado 80537 Additional names & addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Release of Security Agreement and UCC-1 Financing Statement recorded on August 6, 2001</u> Execution Date December 14, 2001	
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____ A. Patent Application No.(s) 09/603,701; 09/635,060 B. Patent No.(s) 6,185,574 Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: G. James Williams, Jr. Chrisman, Bynum & Johnson, P.C. Street Address: 1900 Fifteenth Street City, State, Zip: Boulder, Colorado 80302	6. Total number of applications and patents involved: 3 7. Total fee (37 CFR 3.41) <input checked="" type="checkbox"/> Enclosed (\$120.00) <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: (Attached duplicate copy of this page if paying by deposit account)
	DO NOT USE THIS SPACE
9. Statement and signature. <i>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.</i> <div style="display: flex; justify-content: space-between;"> <div> Stefan T. Bump Name of person signing </div> <div style="text-align: center;">  Signature </div> <div> 12-17-01 Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> 01/31/2002 DBYRNE 00000241 09603701 01 FC:581 120.00 DP </div> <div> Total number of pages comprising cover sheet: [1] </div> </div>	

PATENT
REEL: 012520 FRAME: 0184



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Frankie Winn at Chrisman Bynum & Johnson / 303-546-1381
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Nancy Dickinson Chrisman Bynum & Johnson, P.C. 1900 15th Street Boulder, CO 80302

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 20012064385	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.	
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.	
4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).	
6. CURRENT RECORD INFORMATION:	
6a. ORGANIZATION'S NAME 1Vision Software, Inc.	
OR	6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	
7a. ORGANIZATION'S NAME	
OR	7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
7c. MAILING ADDRESS 200 East 7th Street, Suite 416	
CITY Loveland	
STATE CO	
POSTAL CODE 80427	
COUNTRY USA	
7d. TAX ID #: SSN OR EIN 84 1517428	7e. TYPE OF ORGANIZATION Corporation
7f. JURISDICTION OF ORGANIZATION Colorado	
7g. ORGANIZATIONAL ID #, if any 199611584189 <input type="checkbox"/> NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.	

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME			
OR	9b. INDIVIDUAL'S LAST NAME Chang	FIRST NAME Tsi	MIDDLE NAME Ming
SUFFIX			

10. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

RECORDED: 01/28/2002

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