

REC



9/16/02

TO THE ASSISTANT COMMISSIONER FOR P.

102222751

uments or copy thereof.

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

KINETIC PROBE, LLC

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: Fourteenth Floor

Street Address: 2040 Main Street

City: Irvine State: CA ZIP: 92614

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) July 15, 2002

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

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

() Patent Application No.:
Filing Date:

() Patent No.:
Issue Date:

Additional numbers attached? (X) Yes () No

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

Name: James B. Bear
 KNOBBE, MARTENS, OLSON & BEAR, LLP
 Customer No. 20,995
 Internal Address: Fourteenth Floor
 Street Address: 2040 Main Street
 City: Irvine State: CA ZIP: 92614
 Attorney's Docket No.: KINETIC.UCC1

7. Total fee (37 CFR 1.21(h)): \$80.00

(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: 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.

James B. Bear
Name of Person Signing

Signature

9/12/02
Date

25,221
Registration No.

Total number of pages including cover sheet, attachments and document: 3

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

U.S. Patent and Trademark Office
 Attn: Assignment Division
 Crystal Gateway-4
 1213 Jefferson Davis Highway, Suite 320
 Arlington, VA 22202

09/17/2002 TBIAZ1 00000013 08612624
 01 FC:581 80.00 DP

Patent Status Report

Exhibit "A"

Case Number	Title of Invention	Country	Status	Application Number	Filing Date	Patent Number	Issue Date
KINETIC.001A	DEFLECTION DEVICE	US	Issued	08/612624	2/23/96	5883519	3/16/99
KINETIC.001VJP	DEFLECTION DEVICE	JP	PENDING	2000-596382	1/29/99		

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Cristina Diaz 949-863-5781

B. SEND ACKNOWLEDGMENT TO: (Name and Address)
**Knobbe, Martens, Olson & Bear, LLP
 Attn: Cristina Diaz
 620 Newport Center Drive, 16th Floor
 Newport Beach, Ca 92660**

FILED
 SACRAMENTO, CA
 JUL 15, 2002 AT 1700
 BILL JONES
 SECRETARY OF STATE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Kinetic Probe LLC					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 231 N. Riata Street			CITY Gilbert	STATE AZ	POSTAL CODE 85234
1d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION CA	1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE
2d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Knobbe, Martens, Olson & Bear, LLP					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 620 Newport Center Drive, 16th Floor Newport Beach			CITY	STATE CA	POSTAL CODE 92660
				COUNTRY US	

4. This FINANCING STATEMENT covers the following collateral:

" All of debtor's intellectual property which is the subject of secured party's representation, on any recoveries from litigation involving such intellectual property and on any other proceeds of such intellectual property, including but not limited to the property described on Attachment A hereto."

See Attached Exhibit "A"

5. ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	(if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)	All Debtors	Debtor 1	Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

~~ACKNOWLEDGMENT COPY~~

RECORDED: 09/16/2002

PATENT
REEL: 013269 FRAME: 0835