


Client Code: MCGN.UCC1

**RECORDATION FORM COVER SHEET  
PATENTS ONLY**

To the Director, U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): (List using letters or numbers for multiple parties)</p> <p><b>DOUG MCGOON</b></p> <p>Additional name(s) of conveying party(ies) attached?</p> <p>( ) Yes (X) No</p>	<p>2. Name and address of receiving party(ies):</p> <p><b>Name:</b> KNOBBE, MARTENS, OLSON, &amp; BEAR, LLP</p> <p><b>Internal Address:</b></p> <p><b>Street Address:</b> 14th Floor</p> <p><b>City:</b> Irvine <b>State:</b> CA</p> <p><b>ZIP:</b> 92614</p> <p>Additional name(s) of receiving party(ies) attached?</p> <p>( ) Yes (X) No</p>
<p>3. Nature of conveyance:</p> <p>( ) Assignment ( ) Security Agreement</p> <p>( ) Merger ( ) Change of Name</p> <p>(X) Other: <b>Security Interest</b></p> <p>Execution Date: (List as in section 1 if multiple signatures)</p> <p>January 29, 2009</p>	<p>4. US or PCT Application number(s) or US Patent number(s):</p> <p>(X) Patent Application No.: 11/145014</p> <p>Filing Date: June 3, 2005</p> <p>Additional numbers attached?</p> <p>(X) Yes ( ) No</p>
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p><b>Customer No.</b> 20,995</p> <p><b>Address:</b> Knobbe, Martens, Olson &amp; Bear, LLP 2040 Main Street, 14<sup>th</sup> Floor Irvine, CA 92614</p> <p><b>Return Fax:</b> (949) 760-9502</p> <p><b>Attorney's Docket No.:</b> MCGN.UCC1</p>	<p>6. Total number of applications and patents involved: 3</p>
<p>7. Total fee (37 CFR 1.21(h)): \$120.00</p> <p>(X) Authorized to be charged to deposit account</p>	<p>8. Deposit account number: 11-1410</p> <p>Please charge this account for any additional fees which may be required, or credit any overpayment to this account.</p>
<p>9. Statement and signature.</p> <p>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.</p> <p><u>Steven J. Nataupsky</u> Name of Person Signing</p> <p><u>37,688</u> Registration No.</p> <p><u></u> Signature</p> <p><u>2/18/09</u> Date</p> <p>Total number of pages including cover sheet, attachments and document: 3</p>	

Documents transmitted via Facsimile to be recorded with required cover sheet information to:

**Mail Stop Assignment Recordation Services**  
 Director, U.S. Patent and Trademark Office  
 P.O. Box 1450  
 Alexandria, VA 22313-1450  
**Facsimile Number: (571) 273-0140**

Case No.	Title of Invention:	Application No.	Filing Date:	Patent No:	Date Issued:	PubNumber:	PubDate:
MCGN.001A	MULTI-PIECE WHEEL ASSEMBLY WITH TRANSPARENT COMPONENTS	11/145014	6/3/2005			2005- 0269866 A1	12/8/2005
MCGN.002D A	CLEAR WHEEL	29/231466	6/3/2005	DES534981	1/9/2007		
MCGN.003D A	PAIR OF CLEAR MOTORCYCLE WHEELS	29/275026	12/8/2006	DES578945	10/21/2008		

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b> Ybarra (949) 760-0404
<b>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614 USA

DOCUMENT NUMBER: 19903830002  
 FILING NUMBER: 09-7186106169  
 FILING DATE: 01/29/2009 11:29  
 IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
 THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY

<b>1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names</b>					
1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S LAST NAME McGoon		FIRST NAME Doug	MIDDLE NAME	SUFFIX IV
1c. MAILING ADDRESS 1876 Abilene Way		CITY Claremont		STATE CA	POSTAL CODE 91711
1d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE	
<b>2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names</b>					
2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
2d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE	
<b>3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)</b>					
3a. ORGANIZATION'S NAME Knobbe, Martens, Olson, & Bear, LLP					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 2040 Main Street, 14th Floor		CITY Irvine		STATE CA	POSTAL CODE 92614
4. This FINANCING STATEMENT covers the following collateral:  See Attachment(s)					
5. ALT DESIGNATION: <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> 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) [ADDITIONAL FEE] [optional] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA MCGN					

FILING OFFICE COPY