

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	SECURITY AGREEMENT
CONVEYING PARTY DATA	
Name	Execution Date
Transitions Industries, LLC	06/17/2010
RECEIVING PARTY DATA	
Name:	JPMorgan Chase Bank, NA
Street Address:	KY1-2514, P.O. Box 33035
City:	Louisville
State/Country:	KENTUCKY
Postal Code:	40232
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	7802331
CORRESPONDENCE DATA	
Fax Number:	(713)752-4221
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	7137524344
Email:	sbuta@jw.com
Correspondent Name:	Sarah J. Buta
Address Line 1:	1401 McKinney Street, Suite 1900
Address Line 4:	Houston, TEXAS 77010
ATTORNEY DOCKET NUMBER:	128051.00051
NAME OF SUBMITTER:	Sarah J. Buta
Total Attachments: 1 source=12805100051_assignment#page1.tif	

CH \$40.00 7802331

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] CT Lien Solutions
B. SEND ACKNOWLEDGMENT TO: (Name and Address) CT Lien Solutions 2727 Allen Parkway Ste. 100 Houston, TX 77019 USA

FILING NUMBER: 10-0017522957
 FILING DATE: 06/17/2010 01:53 PM
 DOCUMENT NUMBER: 312257120001
 FILED: Texas Secretary of State
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 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					
OR	1a. ORGANIZATION'S NAME Transitions Industries, LLC				
	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 5414 68th St., Ste 306		CITY Lubbock	STATE TX	POSTAL CODE 79424	COUNTRY USA
1d. TAX ID#: SSN OR EIN	ADD'L DEBTOR INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. ORG JURISDICTION TX	1g. ORG. ID #, if any 0801142377	<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					
OR	2a. ORGANIZATION'S NAME				
	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID#: SSN OR EIN	ADD'L DEBTOR INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. ORG JURISDICTION	2g. ORG. 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)					
OR	3a. ORGANIZATION'S NAME JPMorgan Chase Bank, NA				
	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS KY1-2514, P. O. Box 33035		CITY Louisville	STATE KY	POSTAL CODE 40232	COUNTRY USA
4. This FINANCING STATEMENT covers the following collateral: All Inventory, Chattel Paper, Accounts, Equipment and General Intangibles; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds).					
5. ALTERNATIVE DESIGNATION (if applicable): <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) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 [ADDITIONAL FEE] [optional]		
8. OPTIONAL FILER REFERENCE DATA					

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