


Client Code: KAUF.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>DANIEL KAUFMAN</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>Name: KNOBBE, MARTENS, OLSON & BEAR, LLP</p> <p>Internal Address: FOURTEENTH FLOOR</p> <p>Street Address: 2040 MAIN STREET</p> <p>City: IRVINE State: CA</p> <p>ZIP: 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: Security Interest</p> <p>Execution Date: (List as in section 1 if multiple signatures)</p> <p>JANUARY 11, 2012</p>	<p>4. US or PCT Application number(s) or US Patent number(s):</p> <p>(X) Patent Application No.: 11/688211</p> <p>Filing Date: 3/19/2007</p> <p>Additional numbers attached?</p> <p>(X) Yes () No</p>
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p>Customer No. 20,995</p> <p>Address: Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614</p> <p>Return Fax: (949) 760-9502</p> <p>Attorney's Docket No.: KAUF.UCC1</p>	<p>6. Total number of applications and patents involved: 2</p>
<p>7. Total fee (37 CFR 1.21(h)): \$80.00</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>5/11/12</u> Date</p> <p>Total number of pages including cover sheet, attachments and document: 4</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

RECORDPA

700485162

PATENT
REEL: 028159 FRAME: 0244

CH \$80.00 111410 13300926

<u>Case No.</u>	<u>Title of Invention:</u>	<u>Application No.</u>	<u>Filing Date:</u>	<u>Patent No:</u>	<u>Date Issued:</u>
KAUF.001A	CLAMPING DEVICE FOR SECURING METAL STRUTS TO I-BEAMS FOR INTERIOR WALL CONSTRUCTION	11/688211	3/19/2007	8061672	11/22/2011
KAUF.001C1	CLAMPING DEVICE FOR SECURING METAL STRUTS TO I-BEAMS FOR INTERIOR WALL CONSTRUCTION	13/300926	11/21/2011		

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]Michell T Do
(949) 760-0404**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**Knobbe, Martens, Olson & Bear, LLP
2040 Main Street, 14th Floor
Irvine, CA 92614
USA

DOCUMENT NUMBER: 31681820002

FILING NUMBER: 12-7297009582

FILING DATE: 01/11/2012 13:12

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR CA 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					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
	Kauf		Daniel		
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE COUNTRY
6066 Hayes Ave.			Los Angeles	CA	90042 USA
1d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	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 COUNTRY
2d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO	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					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
Knobbe, Martens, Olson & Bear, LLP					
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE COUNTRY
2040 Main St., 14th Floor			Irvine	CA	92614 USA

4. This FINANCING STATEMENT covers the following collateral:

All of debtor's intellectual property that is or has ever been the subject of secured party's representation and all files and records relating thereto, any recoveries from litigation involving such intellectual property, including, without limitation, any judgments, amounts paid in settlement, insurance proceeds and any awards of attorneys' fees and costs, and any other proceeds of such intellectual property, including, but not limited to, the property described below.

US Patent & Patent Applications

Application No.11/688211 App. Filing Date:3/19/2007

Title of Invention:CLAMPING DEVICE FOR SECURING METAL STRUTS TO I-BEAMS FOR INTERIOR WALL CONSTRUCTION

Application No.13/300926 App. Filing Date:11/21/2011

5. ALT DESIGNATION: ☐ 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)
☐ [ADDITIONAL FEE] ☐ [optional] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2
8. OPTIONAL FILER REFERENCE DATA

KAUF - UCC1

FILING OFFICE COPY

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]Michell T Do
(949) 760-0404**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**Knobbe, Martens, Olson & Bear, LLP
2040 Main Street, 14th Floor
Irvine, CA 92614
USA

DOCUMENT NUMBER: 31726030002

FILING NUMBER: 12-72974139

FILING DATE: 01/16/2012 17:39

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY**1a. INITIAL FINANCING STATEMENT FILE #**

12-7297009582

☐ This FINANCING STATEMENT AMENDMENT is to be
filed [for record] (or recorded) in the REAL ESTATE
RECORDS.**2. ☐ TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party
authorizing this Termination.**3. ☐ 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. ☐ 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 ☒ Debtor or ☐ Secured Party of record. Check only one of these.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.☒ CHANGE name and/or address: Please refer to the detailed
instructions in regards to changing the name/address of a party.☐ DELETE name: Give record name to
be deleted in item 6a or 6b.☐ ADD name: Complete item 7a or 7b,
and also item 7c**6. CURRENT RECORD INFORMATION:****6a. ORGANIZATION'S NAME**

OR

6b. INDIVIDUAL'S LAST NAME**FIRST NAME****MIDDLE NAME****SUFFIX**

Kauf

Daniel

7. CHANGED (NEW) OR ADDED INFORMATION:**7a. ORGANIZATION'S NAME**

OR

7b. INDIVIDUAL'S LAST NAME**FIRST NAME****MIDDLE NAME****SUFFIX**

Kaufman

Daniel

7c. MAILING ADDRESS

6066 Hayes Ave.

CITY

Los Angeles

STATE

CA

POSTAL CODE

90042-

COUNTRY

USA

**7d. SEE
INSTRUCTIONS****ADD'L DEBTOR INFO****7e. TYPE OF
ORGANIZATION****7f. JURISDICTION
OF ORGANIZATION****7g. ORGANIZATIONAL ID#, if any**☐ NONE**8. AMENDMENT (COLLATERAL CHANGE):** check only one box.Describe collateral: ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ 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 Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of
DEBTOR authorizing this amendment.**a. ORGANIZATION'S NAME**

Knobbe, Martens, Olson & Bear, LLP

OR

b. INDIVIDUAL'S LAST NAME**FIRST NAME****MIDDLE NAME****SUFFIX****10. OPTIONAL FILER REFERENCE DATA**

KAUF - UCC1 AMENDMENT

FILING OFFICE COPY

PATENT

RECORDED: 05/01/2012

REEL: 028159 FRAME: 0247