


Client Code: ONLG.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>ON LEGAL GROUNDS, INC.</p> <p>Additional name(s) of conveying party(ies) attached?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Security Agreement</p> <p><input type="checkbox"/> Merger <input type="checkbox"/> Change of Name</p> <p><input checked="" type="checkbox"/> Other: Security Interest</p> <p>Execution Date: (List as in section 1 if multiple signatures)</p> <p>JUNE 7, 2012</p>	<p>4. US or PCT Application number(s) or US Patent number(s):</p> <p><input checked="" type="checkbox"/> Patent No.: 7,332,463</p> <p>Issue Date: 02/19/2008</p> <p>Additional numbers attached?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.: ONLG.UCC1</p>	<p>6. Total number of applications and patents involved: 1</p>
<p>7. Total fee (37 CFR 1.21(h)): \$40.00</p> <p><input checked="" type="checkbox"/> 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> Signature</p> <p><u>10/17/12</u> Date</p> <p>37,688 Registration No.</p> <p>Total number of pages including cover sheet, attachments and document: 2</p>	

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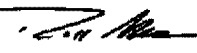
UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
 DANIELLE MILLER

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

DANIELLE MILLER
 KNOBBE, MARTENS, OLSON & BEAR, LLP
 2040 MAIN STREET, 14TH FLOOR
 IRVINE, CA 92614

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 2012015436-7
	Filing Date and Time 06/07/2012 4:42 PM

(This document was filed electronically)
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
 ON LEGAL GROUNDS, INC.

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 29729 NIGUEL RD. #C LAGUNA NIGUEL CA 92677 USA

1d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION CORPORATION 1f. JURISDICTION OF ORGANIZATION NV 1g. ORGANIZATIONAL ID #, if any 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 INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any 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 CITY STATE POSTAL CODE COUNTRY
 2040 MAIN ST., 14TH FLOOR IRVINE CA 92614 USA

4. This FINANCING STATEMENT covers the following collateral:
 ALL OF DEBTORS INTELLECTUAL PROPERTY THAT IS OR HAS EVER BEEN THE SUBJECT OF SECURED PARTYS 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 APPLICATION
 PATENT NO:7332463 DATE ISSUED:2/19/2008
 TITLE OF INVENTION:COLLOIDAL CLEANING SYSTEM COMPRISING A SAPONIFIED FATTY ACIDE AND AN ANIONIC/NONIONIC SURFACTANT MIXTURE

NON US PATENT & PATENT APPLICATION
 APPLICATION NO:2008-507678 FILING DATE:3/22/2006
 COUNTRY:JP
 TITLE OF INVENTION:COLLOIDAL CLEANING SYSTEM

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAIOLR 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) All Debtors Debtor 1 Debtor 2 (optional)

8. OPTIONAL FILER REFERENCE DATA
 ONLG - UCC1