PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT2844510

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	SECURITY INTEREST TERMINATION

CONVEYING PARTY DATA

Name	Execution Date
KNOBBE, MARTENS, OLSON & BEAR, LLP	03/28/2014

RECEIVING PARTY DATA

Name:	PROTECTCONNECT, INC.
Street Address:	PO BOX 5605
City:	OCEANSIDE
State/Country:	CALIFORNIA
Postal Code:	92052

PROPERTY NUMBERS Total: 29

Property Type	Number		
Application Number:	10024790		
Application Number:	11074108		
Application Number:	11354264		
Application Number:	09761290		
Application Number:	10265857		
Application Number:	10988332		
Application Number:	10988331		
Application Number:	10443444		
Application Number:	11110659		
Application Number:	11493366		
Application Number:	11110351		
Application Number:	11418325		
Application Number:	11110637		
Application Number:	11493355		
Application Number:	10737713		
Application Number:	11129042		
Application Number:	29194193		
Application Number:	10443662		
Application Number:	11287884		
Application Number:	11961965		
Application Number:	10924555		
502797914			

PATENT

REEL: 032836 FRAME: 0270

`502797914`

Property Type	Number
Application Number:	11782082
Application Number:	29218826
Application Number:	29218825
Application Number:	29218824
Application Number:	12115419
Application Number:	12106984
Application Number:	12176828
Application Number:	09553425

CORRESPONDENCE DATA

Fax Number: (949)760-9502

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via

US Mail.

Phone: (949) 760-0404

Email: MICHELL.DO@KNOBBE.COM

Correspondent Name: KNOBBE, MARTENS, OLSON & BEAR, LLP

Address Line 1: 2040 MAIN STREET

Address Line 2: 14TH FLOOR

Address Line 4: IRVINE, CALIFORNIA 92614

ATTORNEY DOCKET NUMBER:	ELOCK.UCC3
NAME OF SUBMITTER:	STEVEN J. NATAUPSKY
SIGNATURE:	/Steven J. Nataupsky/
DATE SIGNED:	05/06/2014

Total Attachments: 1

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PATENT REEL: 032836 FRAME: 0271

UCC FINANCING STATEMENT AMENDMENT

OOO I IIIAIIOIIIO	OIVIEMENI VMENDIMEN	• •					
	front and back) CAREFULLY		<u> </u>				
	NTACT AT FILER [optional]						
MICHELL T DO (949) 760-0404							
	ENT TO: (Name and Address)		-				
Knobbe, Martens, Olso			DOCUMENT NU				
2040 Main Street, 14th			FILING NUMBER				
Irvine, CA 92614				FILING DATE: 03/28/2014 12:22 IMAGE GENERATED ELECTRONICALLY FOR WEB FILING			
USA					A FILING OFFICE		
1a. INITIAL FINANCING ST	ATEMENT FILE #		1b. This FINANC				
10-7220641619			filed [for record] (o RECORDS.	r recorded) in	the REAL ESTAT	E	
2 WTEDMINATION: Effoct	iveness of the Financing Statement ident	ified above is terminat		ourity intoroct(c)	of the Secured D	ortv	
authorizing this Termination.	iveriess of the Financing Statement ident	illed above is terminal	ed with respect to set	curity interest(s)	of the Secured Pa	aity	
3. CONTINUATION: Effection of the continuation Statement is continuation.	ctiveness of the Financing Statement ide ontinued for the additional period provided	ntified above with resp d by applicable law.	ect to security interes	st(s) of the Secu	ired Party authoriz	zing this	
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 IN Also check <u>one</u> of the followi	NFORMATION): This Amendment affects ing three boxes and provide appropriate i	Debtor or Secur	ed Party of record. Cl				
	address: Please refer to the detailed o changing the name/address of a party.		ne: Give record name item 6a or 6b.		me: Complete iten o item 7c	n 7a or 7b,	
6. CURRENT RECORD INF							
6a. ORGANIZATION'S I	NAME						
OR 6b. INDIVIDUAL'S LAS	TNAME	FIRST NAME		MIDDLE NAM	AF	SUFFIX	
OD. INDIVIDUAL O E .C	ITAME				···		
7. CHANGED (NEW) OR AD		<u> </u>					
7a. ORGANIZATION'S N	NAME						
OR 7b. INDIVIDUAL'S LAS	T NIA BAIC	FIRST NAME		MIDDLE NAM	<u> </u>	SUFFIX	
76. INDIVIDUAL 5 LAS	INAME	FIRST NAME		WIIDDLE NAN	nc	SUFFIX	
7c. MAILING ADDRESS		CITY		STATE PO	STAL CODE	COUNTRY	
7d. <u>SEE</u> ADD'L DE INSTRUCTIONS	BTOR INFO	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZ	ZATIONAL ID#, if	-	
INSTRUCTIONS		ONGANIZATION	OI ONGANIZATIO			NONE	
	ERAL CHANGE): check only one box.						
Describe collateral 🗀 delete	ed or 🌅 added, or give entire 🗔 restated	collateral description	or describe collatera	I ∏assigned.			
NAME of SECURED PAR	RTY of RECORD AUTHORIZING THIS A	MENDMENT (name o	of seeignor if this is ar	n Assianment)	If this is an Ameno	- Iment	
	adds collateral or adds the authorizing De						
DEBTOR authorizing this am	nendment.				CK Here so and on	iter marrie e.	
a. ORGANIZATION'S N							
OR Knobbe, Martens, Ols	on & Reor II n						
b. INDIVIDUAL'S LAST		1		B. = 11	laure		
		FIRST N	AME MID	DLE NAME	SUFFIX		
10. OPTIONAL FILER REFE	NAME	FIRST N	AME MID	DLE NAME	SUFFIX		

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RECORDED: 05/06/2014

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