

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM398796

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	RELEASE OF SECURITY INTEREST		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Finova Capital Corporation		11/30/2000	Corporation: NEW YORK
RECEIVING PARTY DATA			
Name:	SenTech Medical Systems, Inc.		
Street Address:	5353 N.W. 35th Avenue		
City:	Fort Lauderdale		
State/Country:	FLORIDA		
Postal Code:	33309		
Entity Type:	Corporation: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2049058	SENTECH MEDICAL SYSTEMS	
CORRESPONDENCE DATA			
Fax Number:	2488645960		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	2488645959		
Email:	tmdocketing@darrowmustafa.com		
Correspondent Name:	Mark M. Zylka		
Address Line 1:	410 N. Center Street, Suite 200		
Address Line 4:	Northville, MICHIGAN 48167		
NAME OF SUBMITTER:	Mark M. Zylka		
SIGNATURE:	/MARK M. ZYLKA/		
DATE SIGNED:	09/16/2016		
Total Attachments: 12			
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source=Release#page12.tif



Private Client Group

Merrill Lynch Business
Financial Services Inc.
222 North LaSalle Street
17th Floor
Chicago, Illinois 60601
312/269-3040
FAX 312-499-3253

Rene Suarez
Documentation Manager

November 30, 2000

Mr. Bruce Van Weele
FINOVA Capital Corporation
400 Northridge Road, suite 1100
Atlanta, GA 30350

RE: UCC TERMINATION FOR SENTECH MEDICAL SYSTEMS, INC.

Dear Mr. Van Weele,

We have recently paid off all obligations with your bank in connection to the above referenced customer. Enclosed please find 2 UCC-3's to terminate your UCC-1 Financing Statement Nos. 990000102954 filed on 05/07/1999 and 990000102958 filed on 05/07/1999 with the Secretary of State's office. Please execute this termination and return it to my attention in the envelope provided at your earliest convenience.

If you have any questions, please do not hesitate to call me at the above number.

Very truly yours,

Rene Suarez
Documentation Manager

g:\work\admi\mml\sentech medical systems\private client_group.doc

UNIFORM COMMERCIAL CODE

STATE OF FLORIDA
FINANCING STATEMENT

FORM UCC-3 (REV. 1993)

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code:

1. Debtor (Last Name First if an individual) SenTech Medical Systems, Inc.		1a. Date of Birth or FEID 65-0392938	
1b. Mailing Address 5353 N.W. 35TH Avenue		1c. City, State FORT LAUDERDALE, FL # 23351	
2. Additional Debtor or Trade Name (Last Name First if an individual) SenTech Medical Systems, Inc.		1d. Zip Code 33309	
2b. Mailing Address 13100 56th Court, Suite 701		2a. Date of Birth or FEID	
3. Secured Party (Last Name First if an individual) FINOVA Capital Corporation		2c. City, State CLEARWATER, FL	
3a. Mailing Address P.O. Box 2209, attn. FCS-NY Attn: Law Department		2d. Zip Code 33760	
4. Additional Secured Party (Last Name First if an individual)		3b. City, State PHOENIX, AZ	
4a. Mailing Address		3c. Zip Code 85002	
		4b. City, State	
		4c. Zip Code	

5. This Statement refers to original Financing Statement bearing file number: 990000102954 filed on 05/07/1999

- 6.
- A. Continuation - The original Financing Statement between the Debtor and Secured Party bearing the file number shown above is continued FL - SOS
 - B. Release - The Secured Party releases the collateral described in Block 7 below from the Financing Statement bearing the file number shown above. RELEASE DOES NOT IMPLICATE LIES AGAINST DEBTOR.
 - C. Full Assignment - All of the Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7 below.
 - D. Partial Assignment - Some of Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7. A description of the collateral subject to the assignment is also shown in Block 7.
 - E. Amendment - The Financing Statement bearing the file number shown above is amended as set forth in Block 7. (See instructions for signature requirements.)
 - F. Termination - The Secured Party or lender claims an interest under the Financing Statement bearing the file number shown above.
 - G. Other -

7. Description of collateral released or assigned, Assignee name and address, or amendment. Use additional sheet(s) if necessary.

200100011891--5

This Space for Use of Filing Officer

8. Signature(s) of Debtor(s): (only if amendment - see instructions)

9. Signature(s) of Secured Party(ies):
FINOVA Capital Corporation

10. Number of Additional Sheets Presented: _____

11. Return Copy to:

Name LEXIS DOCUMENT SERVICES INC
 Address PO BOX 2969
 Address SPRINGFIELD, IL 62709
 City, State, Zip

FILED
 01 JAN 16 AM 11:46
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

0-116-01

P2 #2351

UNIFORM COMMERCIAL CODE

STATE OF FLORIDA FINANCING STATEMENT

FORM UCC-3 (REV. 1992)

This Financing Statement is presented to the filing officer for filing pursuant to the Uniform Commercial Code.

1. Debtor (Last Name First if an individual): Sentech Medical Systems, Inc.		1a. Date of Birth or FEIN: 65-0392938
1b. Mailing Address: 5353 N.W. 35TH Avenue	1c. City, State: FORT LAUDERDALE, FL	1d. Zip Code: 33309
2. Additional Debtor or Trade Name (Last Name First if an individual): Sentech Medical Systems, Inc.		2a. Date of Birth or FEIN:
2b. Mailing Address: 13100 56th Court, Suite 701	2c. City, State: CLEARWATER, FL	2d. Zip Code: 33760
3. Secured Party (Last Name First if an individual): FINOVA Capital Corporation		
3a. Mailing Address: P.O. Box 2209, attn. FGS-NY Attn: Law Department	3b. City, State: PHOENIX, AZ	3c. Zip Code: 85002
4. Additional Secured Party (Last Name First if an individual):		
4a. Mailing Address:	4b. City, State:	4c. Zip Code:

5. This Statement refers to original Financing Statement bearing file number: 990000102958 filed on 05/07/1999


- 6. A. Continuation - The original Financing Statement between the Debtor and Secured Party bearing the file number shown above is corrected.
- B. Release - The Secured Party releases the collateral described in Block 7 below from the Financing Statement bearing the file number shown above. RELEASED BY: YOUNG & RUBICAM
- C. Full Assignment - All of the Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7 below.
- D. Partial Assignment - Some of Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7. A description of the collateral subject to the assignment is set forth in Block 7.
- E. Amendment - The Financing Statement bearing the file number shown above is amended as set forth in Block 7. (See instructions for signature requirements.)
- F. Termination - The Secured Party no longer claims an interest under the Financing Statement bearing the file number shown above.
- G. Other -

7. Description of collateral released or assigned, Assignee name and address, or amendment. Use additional sheet(s) if necessary.

200100011890--7

This Space for Use of Filing Officer

8. Signature(s) of Debtor(s): (only if amendment - see instructions)

9. Signature(s) of Secured Party(ies):

 FINOVA Capital Corporation

10. Number of Additional Sheets Presented _____

11. Return Copy to:
 Name: LEXIS DOCUMENT SERVICES INC
 Address: PO BOX 2969
 Address: SPRINGFIELD, IL 62708
 City, State, Zip: _____

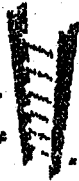
FILED
 01 JAN 16 AM 11:46
 TALLAHASSEE, FLORIDA

1-10-01

TRADEMARK
REEL: 005879 FRAME: 0558

CITY NATIONAL BANK

The way up.



February 14, 2006

Re: AMF Support Surfaces, Inc.

To Whom It May Concern:

This letter is to confirm that as of February 14, 2006 the Notes listed below for AMF Support Surfaces, Inc. have been paid in full. AMF Support Surfaces, Inc. has no Lines of Credit or Notes Payable open with CNB.

1. Account/note #642367/00003.
2. Account/note #642367/00004.
3. Account/note #642367/00005
4. Account/note #642367/34958

Feel free to contact Bank should you have any questions or need additional information.

Sincerely,

Cheri Warren
Vice President

CW:era

cc: Charles Wyatt

Facsimile

CITY NATIONAL BANK
The way up.



Long Beach National Center 11 Golden Chords, Sixth Floor
Long Beach, CA 90802-2020

Date: January 26, 2006

From: Elissa McFarlin

Number of pages faxed: 2
(including this page)

Office: LBCBS

Acknowledgment requested
Please respond by:

Phone: 562-624-8634

Fax: 562-624-8653

Subject: AMF Support Surfaces - UCC-3 termination

To: Michelle

Office: AMF Support Surfaces

Fax: 951-549-6840

Per our conversation, attached is a copy of a UCC-3 termination that City National Bank has sent to the Secretary of State for recording. We sent this form in on Wednesday 1/25/06 and it will probably take the State around 4-6 weeks to record.

Let me know if you have any questions or need additional information.

CAUTION - CONFIDENTIAL

The information contained in this facsimile transmission is confidential and may also contain legally privileged information or work product. The information is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this facsimile transmission in error, please notify the sender immediately by telephone and return the original message to us by mail. Thank you.

ID 030413 (07/2002)

(071)

AMF SUPPORT / LOAN #242707 (MBS, OCCS) *[Signature]*

3) 030411 (P. 06/2002)

(333)

TOTAL P. 02

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (Print and bring) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

Bob Hinnig (310) 797-8104

B. SEND ACKNOWLEDGMENT TO (Name and Address)

CITY NATIONAL BANK (PS-001-048-2)
CITY LOAN CENTER
831 S. DOUGLAS STREET, SUITE 107
EL SEGUNDO, CA 90245

THE ABOVE PARTY IS THE FILER OF THIS STATEMENT

1. INITIAL FINANCING STATEMENT FILE #

0720580005

To 1. UCC FINANCING STATEMENT AMENDMENT (Form 1)
2. UCC FINANCING STATEMENT AMENDMENT (Form 1)
3. UCC FINANCING STATEMENT AMENDMENT (Form 1)

2. TERMINATION: Check one of the Financing Statements identified above if terminated with respect to a party, including the Termination Amendment.

3. CONTINUATION: Check one of the Financing Statements identified above with respect to a party, including the Continuation Amendment.

4. ASSIGNMENT: (to be printed) Check one of the Financing Statements identified above with respect to a party, including the Assignment Amendment.

5. AMENDMENT (PARTY INFORMATION): This Amendment should be checked if the party information on the Financing Statement identified above is being amended.

6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME: AMF SUPPORT SERVICES

6b. INDIVIDUAL'S LAST NAME: [Blank]

6c. FIRST NAME: [Blank]

6d. MIDDLE NAME: [Blank]

6e. SUFFIX: [Blank]

7. CHANGED PARTY OR ADDITIONAL INFORMATION: 7a. ORGANIZATION'S NAME: [Blank]

7b. INDIVIDUAL'S LAST NAME: [Blank]

7c. FIRST NAME: [Blank]

7d. MIDDLE NAME: [Blank]

7e. SUFFIX: [Blank]

7f. MAILING ADDRESS: CITY: [Blank]

7g. STATE: [Blank]

7h. POSTAL CODE: [Blank]

7i. COUNTRY: [Blank]

7j. BUSINESS PURPOSE: [Blank]

7k. ADDITIONAL INFORMATION: [Blank]

7l. TYPE OF ORGANIZATION: [Blank]

7m. JURISDICTION OF ORGANIZATION: [Blank]

7n. ORGANIZATION'S EIN: [Blank]

8. AMENDMENT (CURRENT CHANGES) Check only one box.

8a. Delete entire record: [Blank]

8b. Delete or amend: [Blank]

8c. Amend entire record: [Blank]

8d. Amend or delete entire record: [Blank]

8e. Amend or delete entire record: [Blank]

8f. Amend or delete entire record: [Blank]

8g. Amend or delete entire record: [Blank]

8h. Amend or delete entire record: [Blank]

8i. Amend or delete entire record: [Blank]

8j. Amend or delete entire record: [Blank]

8k. Amend or delete entire record: [Blank]

8l. Amend or delete entire record: [Blank]

8m. Amend or delete entire record: [Blank]

8n. Amend or delete entire record: [Blank]

8o. Amend or delete entire record: [Blank]

8p. Amend or delete entire record: [Blank]

8q. Amend or delete entire record: [Blank]

8r. Amend or delete entire record: [Blank]

8s. Amend or delete entire record: [Blank]

8t. Amend or delete entire record: [Blank]

8u. Amend or delete entire record: [Blank]

8v. Amend or delete entire record: [Blank]

8w. Amend or delete entire record: [Blank]

8x. Amend or delete entire record: [Blank]

8y. Amend or delete entire record: [Blank]

8z. Amend or delete entire record: [Blank]

8aa. Amend or delete entire record: [Blank]

8ab. Amend or delete entire record: [Blank]

8ac. Amend or delete entire record: [Blank]

8ad. Amend or delete entire record: [Blank]

8ae. Amend or delete entire record: [Blank]

8af. Amend or delete entire record: [Blank]

8ag. Amend or delete entire record: [Blank]

ID 900011 (Rev 06/2003)

(153)
TJUL P.02

P. 01

FAX NO.

FEB-02-2006 THU 05:05 PM

TRADEMARK
REEL: 005879 FRAME: 0561

PAY-OFF LETTER OF WYATT LIVING TRUST

February 15, 2006

Anodyne Medical Device, Inc.
c/o Hollywood Capital, Inc.
6601 Center Drive West, Suite 325
Los Angeles, CA 90045
Attention: Mark Bidner, Chairman & CEO

Dear Mr. Bidner:

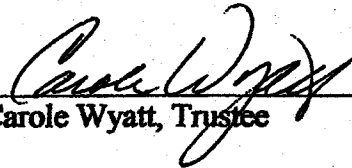
This letter is being executed and delivered in connection with that certain Agreement and Plan of Merger, dated as of even date herewith (the "Merger Agreement"), among Anodyne Medical Device, Inc., a Delaware corporation ("Parent"), AMF Acquisition Corp., a Delaware corporation, AMF Support Surfaces, Inc., a California corporation ("AMF"), and Charles C. Wyatt.

The undersigned, Charles C. Wyatt and Carol A. Wyatt, Trustees of the Wyatt Living Trust (the "Trust"), hereby represent and warrant to Parent as of the date hereof, that: (i) all indebtedness of AMF to the Trust has been paid-off by AMF; and (ii) AMF has no obligations or liabilities to the Trust whatsoever.

Accordingly, we hereby direct Parent to pay \$3,740,000 to Charles C. Wyatt and \$0 to the Trust pursuant to Section 2.9(b)(i) of the Merger Agreement.



Charles C. Wyatt, Trustee



Carole Wyatt, Trustee

FEB-09-2006 02:54
NOV-30-00 THU 10:51 AM

MERRILL LYNCH

FAX NO.

312 499 3036 P.002
P. 02

FINOVA
FINANCIAL INNOVATORS

November 30, 2000

TRANSMITTED VIA FAX
ORIGINAL TO FOLLOW

Ms. Jennifer D'Alto
Merrill Lynch Business Financial Services Inc.
222 North La Salle Street, 17th Floor
Chicago, IL 60601

Dear Ms. D'Alto:

We have heretofore provided Sen Tech Medical Systems, Inc. and Sen Tech Medical Services, Inc. (the "Borrowers") with financing under the various financing agreements between the Borrowers and ourselves. We understand that it is your intention to provide financing to the Borrowers but that you are unwilling to do so unless our financing, security and our documents with the Borrowers in connection therewith are terminated and all the obligations of the Borrowers to us are paid in full.

This shall confirm the following:

1. The total obligations owed by the Borrowers to us is \$672,194.21 as of November 30, 2000 with a per diem if payment is received after 11:00 A.M., November 30, 2000 of \$207.90 (the "Payout").

2. The Payout should be remitted to us by wire transfer to:

FINOVA Business Credit
Citibank, NA
New York, NY
ABA #: 021000089
Account #: 40751896
OBI: ZQX35610ZQX
Reference: Sentec medical Systems, Inc.

3. Upon the receipt by us of the Payout, all obligations of the Borrowers to us shall have been fully paid, and all financing agreements between ourselves and the Borrowers shall be terminated, and we shall promptly deliver to you all UCC Termination Statements necessary to terminate all UCC filings which we may have against the Borrowers, and such other documents as may be reasonably necessary to effectuate the termination of our liens in Borrowers' assets.

11/30/00 Per Ms. VomWaele - wire cutoff is at 11 EST - *JK*
add the per diem of \$ 207.90 to \$672,194.21

Total for 12/1/00 = \$ 672,402.11

TRADEMARK
REEL: 005879 FRAME: 0565

FEB-09-2006 02:54
NOV-30-00 THU 10:52 AM

MERRILL LYNCH

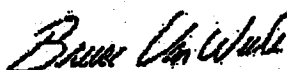
FAX NO.

312 499 3035

P.003
P. 03

We understand that you may rely on the provisions of this letter in your providing financing to the Borrower and providing the funding of the Payout.

Very truly yours,
FINOVA CAPITAL CORPORATION



Bruce Van Weele
Assistant Vice President