

08-31-1998

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- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year
12/24/97
- Merger
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Name **IDEAL SCHOOL SUPPLY CORPORATION**

Execution Date
Month Day Year
12 24 1997

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization **DELAWARE**

Receiving Party

Mark if additional names of receiving parties attached

Name **IDEAL/INSTRUCTIONAL FAIR PUBLISHING CORP.**

DBA/AKATA _____

Composed of _____

Address (line 1) **2400 TURNER AVENUE, N.W.**

Address (line 2) _____

Address (line 3) **GRAND RAPIDS**

MI

49504

- Individual General Partnership Limited Partnership

Corporation Association

Other _____

Citizenship/State of Incorporation/Organization **DELAWARE**

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<input type="text" value="75015961"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Deposit Account

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Deposit Account Number:

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Authorization to charge additional fees:

Yes

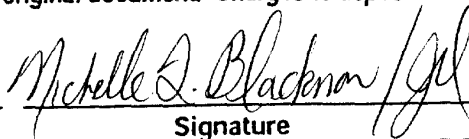
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08/24/98

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#39

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PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK FOR MICROFILMING PURPOSES.

1. State the exact assumed name under which the business is or will be conducted: (one business name per application)

Instructional Fair • TS Denison

2. State the address of the principal place of business. A complete street address or rural route and rural route box number is required; the address cannot be a P.O.Box.

2400 Turner Avenue, N.W., Grand Rapids, Michigan 49501

Street	City	State	Zip code
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3. List the name and complete street address of all persons conducting business under the above Assumed Name. Attach additional sheet(s) if necessary. If the business owner is a corporation or other business entity, list the legal name and registered office address.

Name (please print)	Street	City	State	Zip
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Instructional Fair, Inc.

Registered Agent: CT Corporation System, 405 Second Avenue South

Minneapolis, Minnesota 55401

4. List the Standard Industrial Code (SIC) that most accurately describes the nature of the business operating under this name. Select one of the 2-digit SIC Codes listed on the reverse side of this form.

5. I certify that I am authorized to sign this certificate and I further certify that I understand that by signing this certificate, I am subject to the penalties of perjury as set forth in *Minnesota Statutes section 609.48* as if I had signed this certificate under oath.

Charlotte M. Gemmel

Signature (ONLY one person listed in #3 is required to sign.)

Charlotte M. Gemmel, President
 Print Name and Title

5/6/97
 Date

Mimi Rodman, Esq. 312 222-4653
 Contact Person **041157** Daytime Phone Number

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(MINN. - 1111 - 9/30/96)
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