

11-27-1998

FORM PTO-1594
1-31-92



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1 SHEET
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U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

MPL 10/23/98
Tab settings → → →

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Pet's Corner

- Individual(s)
- General Partnership
- Corporation-State Minnesota
- Other
- Association
- Limited Partnership

Additional name(s) of conveying party(ies) attached? Yes No

Nature of conveyance:

- Assignment
- Security Agreement
- Other Change from Assumed Name to
- Merger
- Change of Name

Corporate Name

Execution Date: June 23, 1994

2. Name and address of receiving party(ies):

Name: Universal Cooperatives, Inc.

Internal Address: _____

Street Address: 7801 Metro Parkway

City: Minneapolis State: MN ZIP: 55425

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State Minnesota
- Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

(Designations must be a separate document from Assignment)

Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

B. Trademark registration No.(s)

2,138,435

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: James P. Quinn

Internal Address: Larkin, Hoffman, Daly & Lindgren, Ltd.

Suite 1500

Street Address: 7900 Xerxes Avenue South

City: Bloomington State: MN ZIP: 55431

6. Total number of applications and registrations involved: _____

1

7. Total fee (37 CFR 3.41):..... \$ 40.00

Enclosed

Authorized to be charged to deposit account

8. Deposit account number: _____

(Attach duplicate copy of this page if paying by deposit account)

11/24/1998 SBURNS 00000012 2138435

DO NOT USE THIS SPACE

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40.00 0P

9. Statement and signature.

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.

James P. Quinn
Name of Person Signing

Signature

October 22, 1998

Date

Total number of **TRADEMARK** sheet: 1

REEL: 1819 FRAME: 0498

FILED-MINNESOTA
SECRETARY OF STATE

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Office of the Secretary of State
CERTIFICATE OF ASSUMED NAME — STATE OF MINNESOTA

Read the directions on reverse side before completing.

The filing is valid for a period of ten years, after which time we will notify you of the need to renew.

All information on this form is public information.

The filing of an assumed name does not protect a user's rights to that name, but is required for a consumer protection, in order that consumers can know the identity of the true owner of a business.

Pursuant to Chapter 333, Minnesota Statutes; the undersigned, who is or will be conducting or transacting a commercial business in the State of Minnesota under an assumed name, hereby certifies:

1. The assumed name under which the business is or will be conducted is:

Pet's Corner

NOTE: List only one name on line #1. You must submit a separate application for each name.

The street address of the principal place of business is or will be:

7801 Metro Parkway Minneapolis MN 55440

(street) (city) (state) (zip code)

NOTE: This must be a physical location, not a P.O. Box.

The name and street address of all persons conducting business under the above Assumed Name.

NOTE: If the business owner is a corporation, you must give the legal corporate name and the legal Registered Office.

Name (print)	Street Address			
	Street	City	State	Zip
Universal Cooperatives, Inc.	7801 Metro Parkway	Minneapolis	MN	55440
	Street	City	State	Zip
	Street	City	State	Zip

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 section 609.48 as if I had signed this certificate under oath.

- 4.

DATED <u>JUNE 23, 1994</u>	SIGNATURE (sign name)(only one signature is required) <u>[Signature]</u>
	Name (print) <u>PATRICK M. FINLEY</u>
	Title (print, if applicable) <u>PRESIDENT</u>

COMMONWEALTH OF MASSACHUSETTS
SECRETARY OF STATE
I hereby certify that this is a
true and correct copy of the
instrument as filed for record in
the office.
DATED 10-7 1998
Jan Anderson Howe
Secretary of State
M. P. Walsh

RECORDED: 10/23/1998

TRADEMARK
REEL: 1819 FRAME: 0500