

03-16-1999



100985634

**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

38-99

**TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).**

<p><b>Submission Type</b></p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Resubmission (Non-Recordation) Document ID # _____</p> <p><input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____</p> <p><input type="checkbox"/> Corrective Document Reel # _____ Frame # _____</p>	<p><b>Conveyance Type</b></p> <p><input type="checkbox"/> Assignment      <input type="checkbox"/> License</p> <p><input type="checkbox"/> Security Agreement      <input type="checkbox"/> Nunc Pro Tunc Assignment</p> <p><input type="checkbox"/> Merger Effective Date Month Day Year _____</p> <p><input type="checkbox"/> Change of Name</p> <p><input checked="" type="checkbox"/> Other <u>Release of Security Interests and Liens</u></p>
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**Conveying Party**       Mark if additional names of conveying parties attached

Name Star Bank, National Association      Execution Date  
Month Day Year 08251998

Formerly \_\_\_\_\_

Individual     General Partnership     Limited Partnership     Corporation     Association

Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization An Ohio Corporation

**Receiving**       Mark if additional names of receiving parties

Name Alrenco, Inc.

DBA/AKA/TA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 1736 E. Main Street

Address (line 2) \_\_\_\_\_

Address (line 3) New Albany      IN      47150  
City      State/Country      Zip Code

Individual     General Partnership     Limited Partnership     If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Corporation     Association

Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization An Indiana Corporation

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Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages** Enter the total number of pages of the attached conveyance document including any attachments. #

**Trademark Application Number(s) or Registration Number(s)**  Mark if additional numbers attached  
 Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1607835"/>	<input type="text" value="1829703"/>	<input type="text" value="1336087"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties** Enter the total number of properties involved. #

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)  
 Deposit Account Number: #

Authorization to charge additional fees: Yes  No

**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. Charges to deposit account are authorized, as indicated herein.

Susan M. Kornfield Susan M Kornfield 3-4-99  
 Name of Person Signing Signature Date Signed

February 25, 1998

Alrenco, Inc.  
1736 E. Main Street  
New Albany, Indiana 47150


RE: Alrenco, Inc.

Ladies and Gentlemen:

The undersigned on behalf of Star Bank, National Association ("Star") confirms that as of the date hereof, Alrenco, Inc. (the "Company") has no obligations outstanding to Star, that the Company has terminated any credit facilities previously entered into with Star and that as of the date hereof, the Company has no outstanding credit facilities with Star. The undersigned further confirms that any letters of credit issued by or on behalf of Star prior to the date hereof with respect to which the Company is or was obligated, have been released and canceled.

Star further acknowledges that, in accordance with the payoff letter issued to the Company and Bank One, Kentucky, N.A., dated July 31, 1997 (a copy of which is attached hereto) Star has released its security interests and liens in or upon any property of the Company and agrees to execute and deliver all discharges of lien and terminations of financing statements necessary to evidence the termination and release of its liens and security interests, as aforesaid, provided, that all such instruments of discharge and termination statements shall be prepared by or at, the direction of the Company.

Very truly yours,



Nick Sypniewski, Vice President  
Star Bank  
Structured Capital Division  
425 Walnut Street, MC9220  
Cincinnati, Ohio 45201

LEP/vs

**BODMAN, LONGLEY & DAHLING LLP**

110 MILLER, SUITE 300  
ANN ARBOR, MICHIGAN 48104  
(734) 761-3780  
FAX (734) 930-2494

SUSAN M. KORNFIELD  
DIRECT DIAL (734) 930-2488  
SKORNFIELD@BODMANLONGLEY.COM  
ALSO ADMITTED IN ILLINOIS

34<sup>TH</sup> FLOOR  
100 RENAISSANCE CENTER  
DETROIT, MICHIGAN 48243  
(313) 250-7777  
FAX (313) 393-7579

229 COURT STREET  
P.O. Box 405  
CHEBOYGAN, MICHIGAN 49721  
(616) 627-4351  
FAX (616) 627-2802

755 WEST BIG BEAVER ROAD  
SUITE 2020  
TROY, MICHIGAN 48064  
(248) 362-2110  
FAX (248) 244-0780

March 4, 1999

Commissioner of Patents  
and Trademarks  
Box Assignments  
Washington, D.C. 20231

**By Certified Mail**

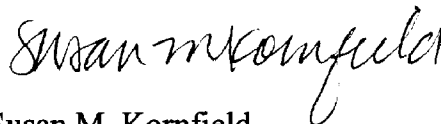
Re: Recordation Form Cover Sheet for the Trademarks:  
Reg. No. 1,607,835, "ALRENCO RENT TO OWN FOR THE HOME"  
Reg. No. 1,829,703, "ALRENCO RENT TO OWN FOR THE HOME  
THE ONLY WAY TO GO (and Design)"  
Reg. No. 1,336,087, "ALRENCO, INC."

Enclosed please find:

- (1) the original and two (2) copies of the signed Recordation Form Cover Sheet;
- (2) a copy of the release by Star Bank, National Association in trademarks owned by Alrenco, Inc.; and
- (3) a check in the amount of \$90.00 made payable to "Commissioner of Patents and Trademarks" in payment of the filing fee.

Please contact me if further information is required. Thank you.

Sincerely,



Susan M. Kornfield

Enclosures

cc: Laurie E. Phelan (w/ Encl.)  
Rachelle P. Tyshka (w/o Encl.)

W:\IP-GROUP\CLIENTS\COMERICA\ALRENCO\2PTOCOV.LTR

**TRADEMARK**  
**REEL: 1867 FRAME: 0753**

copy

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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#### Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID #
- Correction of PTO Error  
Reel #  Frame #
- Corrective Document  
Reel #  Frame #

#### Conveyance Type

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment
- Merger  Effective Date  
Month Day Year
- Change of Name
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TRADEMARK  
REEL: 1867 FRAME: 0754

