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06-06-2000

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To the Commissioner of Patents and Trademarks

1. Name of conveying party(ies):

The Minnesota Mutual Life Insurance Company

- Individuals
- General Partnership
- Corporation—State of Minnesota
- Other:
- Association
- Limited Partnership

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

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other:
- Merger
- Change of Name

Execution Date: May 27, 1999

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

HomePlus Insurance Agency  
400 N. Robert Street  
St. Paul, Minnesota 55101

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

If assignee is not domiciled in the United States, a domestic representative designation is attached:  
 Yes  No  
(Designations must be separate document from Assignment)

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

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

A. Trademark Application No.(s)/ Mark(s)

B. Trademark Reg. No.(s)/Mark(s)

2,202,362/CUSTOM QUOTE

Additional numbers attached?  Yes  No

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

Name: John A. Clifford  
Address: MERCHANT & GOULD P.C.  
P.O. Box 2910  
Minneapolis, MN 55402-0910

6. Total number of applications and trademarks involved: 1

7. Total fee (37 CFR 3.41): \$40.00  
 Enclosed  
 Authorized to be charged to deposit account

8. Please charge any additional fees or credit any overpayments to our Deposit account number: 13-2725

DO NOT USE THIS SPACE

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.

Kristina M. Foudray

Name of Person Signing

Signature

May 19 2000

Date

Total number of pages including cover sheet, attachments, and document: 2

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