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06-13-2000

U.S. Department of Commerce  
Patent and Trademark Office  
TRADEMARK

FORM PTO-1618A  
Expires 06/30/99  
OMB 0651-0027



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CPR/FINANCE

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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

#### 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
- Change of Name
- Other  Record

Effective Date  
Month Day Year

#### Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

Name

Formerly

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other
- Citizenship/State of Incorporation/Organization

#### Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)     
City State/Country Zip Code

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Corporation  Association
- Other
- Citizenship/State of Incorporation/Organization

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.)

#### FOR OFFICE USE ONLY

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

TRADEMARK  
REEL: 002086 FRAME: 0165

**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="1857242"/>	<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"/>	<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

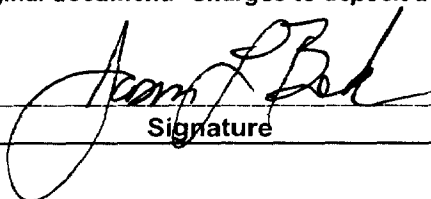
Deposit Account  
(Enter for payment by deposit account or if additional fees can be charged to the account.)  
Deposit Account Number: #

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.

Jason L. Berk  
Name of Person Signing

  
Signature

8-10-00  
Date Signed

~~04-03-2000~~

FORM PTO-1618A  
Expires 06/30/99  
OMB 0651-0027



U.S. Department of Commerce  
Patent and Trademark Office  
TRADEMARK

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**OPR/FINANCE RECORDATION FORM COVER SHEET  
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04/03/2000 DNGUYEN 00000006 500959 157242

01 FC:481 40.00 CH  
02 FC:482 25.00 CH

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.

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**TRADEMARK**  
**REEL: 002086 FRAME: 0167**

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Enter for the first Receiving Party only.

Name

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Address (line 2)

Address (line 3)

Address (line 4)

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Area Code and Telephone Number

Name

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="157242"/>	<input type="text" value="2057278"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)  
Deposit Account Number: #

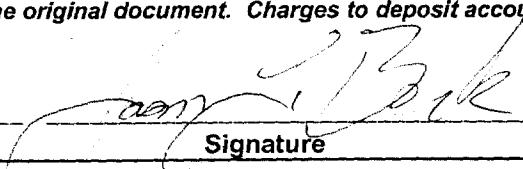
Authorization to charge additional fees: Yes  No

**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.

Jason L. Berk

Name of Person Signing

 2-1-00

Signature

Date Signed

**Trademark Assignment**

**WHEREAS**, Ohio Bus Sales, Inc., an Ohio Corporation, with its principal place of business at 1324 Tuscarawas Street West, Canton, Ohio, 44706 ("Assignor"), has adopted, owns and is using the following trademarks for which Assignor owns the following identified federal registrations on the Principal Register of the United States Patent and Trademark Office for the goods and/or services identified therein ("the Marks"):

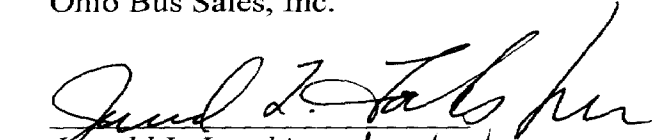
<u>Trademark</u>	<u>Registration No.</u>	<u>Registration Date</u>
CONCEPT	157242	10/04/94
CONCEPT	2057278	04/29/97

; and

**WHEREAS**, OBS, Inc., an Ohio Corporation, with a principal place of business at 4605 Beverly Avenue N.E., Canton, Ohio, 44714 ("Assignee"), desires to acquire the Marks and the above-referenced Registrations therefor;

**NOW, THEREFORE**, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor hereby sells, assigns and transfers to Assignee all right, title and interest in and to each of the Marks, together with the goodwill of the business symbolized by the Marks, and the registrations thereof.

Ohio Bus Sales, Inc.

  
 Jerrold L. Lockshin *Lockshin*  
 Chairman and Chief Executive Officer

Dated effective as of: 3-1-99

SUBSCRIBED and SWORN to before me this  
13th of Dec,  
1999.

  
 Notary Public

JACQUELYN E. SCOTT  
 Notary Public, State of Ohio  
 My Commission Expires Sept. 17, 2002

My Commission Expires: \_\_\_\_\_

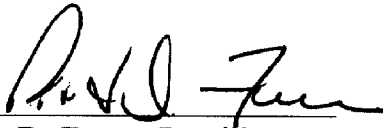
**Declaration**

Robert D. Ferne, having been duly warned that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of this document or the above-referenced Registration, I hereby declare that I am President of Registrant and am authorized to execute this document; that the facts set forth in this document are true; that all statements made of my own knowledge are true; and that all statements made on information and belief are believed to be true.

Respectfully submitted,

OBS, Inc.

OBS, INC.  
1324 TUSC. ST., W.  
P.O. BOX 6210  
CANTON, OHIO 44706  
1-800-362-9592  
1-330-453-3725

By:   
Robert D. Ferne, President

4605 Beverly Ave. N.E.  
Canton, OH 44714  
(330) xxx-xxx

Dated: 11-17-99