06-13-2000 U.S. Department of Commerce FORM PTO-1618A Patent and Trademark Office TRADEMARK OMB 0651-0027 101379887 CRAZEMIANCE 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 Conveyance Type License **Assignment** New Resubmission (Non-Recordation) Security Agreement **Nunc Pro Tunc Assignment** Document ID # **Effective Date** Month Day Ye Merger Correction of PTO Error Reel # Frame # **Change of Name Corrective Document** Other |Corrected Assignment of Erroneous |Recorde Reel # |002042 | Frame # | 0410 Conveying Party Mark if additional names of conveying parties attached **Execution Date** Month Day Year Name Ohio Bus Sales, Inc. 03 01 1999 Formerly Limited Partnership | X | Corporation Individual General Partnership **Association** Other Citizenship/State of Incorporation/Organization Receiving Party Mark if additional names of receiving parties attached OBS. Inc. Name DBA/AKA/TA Composed of 4605 Beverly Avenue: N.E. Address (line 1) Address (line 2) Ohio 44714 Address (line 3) Canton If document to be recorded is an General Partnership Individual **Limited Partnership** assignment and the receiving party is not domiciled in the United States, an Corporation **Association** appointment of a domestic representative should be attached. (Designation must be a separate Other document from Assignment.) Ohio Citizenship/State of Incorporation/Organization FOR OFFICE USE ONLY

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REEL: 002086 FRAME: 0165

Domestic Representative Name and Address Enter for the first Receiving Party only.	FORM PTO- Expires 06/30/99 OMB 0651-0027	1618B	Page 2		U.S. Department of Commerce Patent and Trademark Office TRADEMARK	
Address (line 1) Address (line 2) Address (line 4) Correspondent Name and Address Area Code and Telephone Number 216-615-4825 Name Jason L. Berk Address (line 2)		epresentative Name a	and Address Enter for	r the first Receiving Par	ty only.	
Address (line 2) Address (line 4) Correspondent Name and Address Area Code and Telephone Number 216-615-4825 Name Jason L. Berk Address (line 1) Che Cleveland Center, 10th Floor Address (line 2) 1375 E. 9th Street Address (line 2) Cleveland, Ohio 44114 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 of the Registration Number (IO NOT ENTER BOTH numbers for the same property). Trademark Application Number(s) Registration Number(s) Registration Number(s) Number of Properties Enter the total number of properties involved. ### Registration Number(s) Number of Properties Enter the total number of properties involved. ### ### ### ### ### ### ### ### ### #	Name					
Address (line 4) Correspondent Name and Address Area Code and Telephone Number 216-615-4825 Name Jason L. Berk Address (line 4) One Cleveland Center, 10th Floor Address (line 2) 1375 E. 9th Street Address (line 2) 1375 E. 9th Street 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 (2, the Registration Number (0) NOTE BITER 80TH numbers for the same property). Trademark Application Number(s) Registration Number(s) Number of Properties Enter the total number of properties listed (37 CFR 3.41): Method of Payment: Enclosed Deposit Account Method of Payment: Enclosed Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) 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.	Address (line 1)					
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OMB 0651-0027 200 FEB -4 AM 9: 37 PR/FINANGECORDATION FORM COVER SHEET TRADEMARKS ONLY immissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies) Submission Type Conveyance Type License New **Assignment** Resubmission (Non-Recordation) Security Agreement **Nunc Pro Tunc Assignment** Document ID # **Effective Date** Month Day Year Merger Correction of PTO Error 03 01 1999 Ree!# Frame # Change of Name **Corrective Document** Reel# Frame # Other Conveying Party Mark if additional names of conveying parties attached **Execution Date** Month Day Year Name Ohio Bus Sales, Inc. 03 01 1999 Formerly Individual Limited Partnership Corporation **Association** General Partnership Other Ohio Citizenship/State of Incorporation/Organization **Receiving Party** Mark if additional names of receiving parties attached Name OBS, Inc. DBA/AKA/TA Composed of 4605 Beverly Avenue, N.E. Address (line 1) Address (line 2) Address (line 3) Canton Ohio State/Country If document to be recorded is an **Limited Partnership** Individual General Partnership assignment and the receiving party is not domiciled in the United States, an Corporation Association appointment of a domestic representative should be attached. (Designation must be a separate Other document from Assignment.) Ohio Citizenship/State of Incorporation/Organization FOR OFFICE USE ONLY 04/03/2000 DMGUYEN 00000006 500959 157242 01 FC:481 02 FC:482 25.00 CH

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Address (line 1)					
Address (line 2)					
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Address (line 4)					
Correspondent Name and Address Area Code and Telephone Number 216-615-4825					
Name	Jason L. Berk				
Address (line 1)	One Cleveland Center, 10th Floor				
Address (line 2)	1375 E. 9th Street				
Address (line 3)	Cleveland, Ohio 44114				
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) 157242 2057278 Number of Properties Enter the total number of properties involved. #					
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Method of Payment: Enclosed Deposit Account X Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: # 500959 Authorization to charge additional fees: Yes No					
Statement a	nd Signature				
To th	te best of my knowledge and belief, the foregoing information is true and correct and copy is a true copy of the original document. Charges to deposit account are a	d any outhorized, as			

Name of Person Signing Signature Date Signed

indicated herein.

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"):

Trademark **CONCEPT** CONCEPT Registration No.

Registration Date

2057278

10/04/94 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.

rrold L. Locshin

Chairman and Chief Executive Officer

Dated effective as of: 3-/-99

Lockshine

SUBSCRIBED and SWORN to before me this

of lee,

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

My Commission Expires:

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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.

OBS, INC. 1324 TUSC. ST., W. P.O. BOX 6210 CANTON. OHIO 44706

RECORDED: 06/09/2000

1-800-362-9592 1-330-453-3725 Respectfully submitted,

OBS, Inc.

Robert D. Ferne, President

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

Dated: 11-17-99

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