FORM PTO-1618A Expires 08/30/99 OMB 0851-0027			U.S. Department of Commerce Patent and Trademark Office TRADEMARK		
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					
X New		Assignment	License		
Resubmission (Non-Recordation)  Document ID #		Security Agreement	Nunc Pro Tunc Assignment  Effective Date		
Correction of PTO Error		Merger	Month Day Year		
Reel # Frame # Corrective Document	X	Change of Name			
Reel # Frame #		Other			
Conveying Party  Mark If additional names of conveying parties attached Execution Date Month Day Year					
Name MIDWEST TECHNOLOGIES, INCORPORATED 10041996					
Formerly					
Individual General Partnership Limited Partnership X Corporation Association					
Other					
Citizenship/State of Incorporation/Organization					
Receiving Party Mark if additional names of receiving parties attached					
Name MIDWEST TECHNOLOGIES, INC. OF ILLINOIS					
DBA/AKA/TA					
Composed of					
Address (line 1) 2733 East Ash Street					
Address (line 2)					
Address (line 3) Springfield City	_	IL, U.S.A.	62703 Zip Code		
Individual General Partnership Limited Partnership sessignment and the receiving party is not domiciled in the United States, an appointment of a domestic					
Other Company from Assignment					
X <sub>X</sub> Citizenshlp/State of Incorporation/Organiza	ition	Illinois	document from Assignment.)		
FOR OFFICE USE ONLY					
Sublic burder experting for this collection of information is settinated to average	e approxim	staly 30 minutes per Cover Sheet to be	recorded, including time for reviewing the document and		

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including the for reviewing the section of 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 Afficia, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20603. See OMB Information Collection Budget Package 0661-0027, 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:

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: 002092 FRAME: 0238

FORM PTO-1618B Expires 08/30/99 OMB 0651-0027	Page 2	U.S. Department of Commerce Patent and Trademark Office TRADEMARK		
Domestic Representative Name	and Address Enter for the first Rec	elving Party only.		
Name SHEILA BEARY	QUINN			
Address (line 1) 161 North Cla	rk Street			
Address (line 2) Suite 3100				
Address (line 3) Chicago, IL 6	0601-3224			
Address (line 4)				
Correspondent Name and Address Area Code and Telephone Number 312-261-2124				
Name SHEILA BEARY	QUINN			
Address (line 1) 161 north Cla	rk Street			
Address (line 2) Suite 3100				
Address (line 3) Chicago, IL 6	0601-3224			
Address (line 4)				
Pages Enter the total number of pages of the attached conveyance document # 6				
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)				
75917832 Application Rd	1787929			
	1751145			
	1751019			
Number of Properties Enter the total number of properties involved. # 4				
Fee Amount Fee Amo	ount for Properties Listed (37 CFR 3.41):	\$ 115.00		
Method of Payment: Enclosed Deposit Account X  Deposit Account				
(Enter for payment by deposit account o	or if additional fees can be charged to the account.) Deposit Account Number:	# 500276		
	Authorization to charge additional fees:	Yes X 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.	SQuinn	June 15. 2000		
Sheila Beary Quinn	Signature	Date Signed		

TRADEMARK **REEL: 002092 FRAME: 0239**  File Number \_\_\_\_\_\_ 5388-567-5



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



## In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this \_\_\_\_\_\_ and \_\_\_\_\_\_.

Desse White

SECRETARY OF STATE

C-260.1

TRADEMARK REEL: 0<del>02092 FRAME 0240\*\*\*</del>