FORM PTO-1618A Expires 06/30/99 OMB 0651-0027 MID 6-6-00	1013	6-2000 97301 ARKS ONLY	U.S. Department of Commerce Patent and Trademark Office TRADEMARK
TO: The Commissioner of Pa	atents and Trademarks: Please reco	ord the attached original document(s	or copy(ies).
Submission Type  New Resubmission Document ID # Correction of PTO Error Reel # Fram Corrective Document Reel # Fram	ne #	Conveyance Type  Assignment Security Agreement Merger Change of Name Other	License Nunc Pro Tunc Assignment  Effective Date Month Day Year
Conveying Party  Name LittleNet LL	.c	Mark if additional names of co	nveying parties attached  Execution Date
Formerly  Individual General G	eral Partnership 🔲 Limited Pa	artnership	Month Day Year 03 20 1998  Association
Formerly  Individual General G	eral Partnership  Limited Pa Company Poration/Organization - Delaware	artnership	Month Day Year 03 20 1998  Association
Formerly  Individual General G	eral Partnership Limited Pa Company poration/Organization - Delaware LLC		Month Day Year 03 20 1998  Association

FOR OFFICE USE ONLY

40.00 CH

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

FORM PTO-16 Expires 06/30/99 OMB 0651-0027	518B	Page 2	U.S. Department of Commerce Patent and Trademark Office TRADEMARK
Domestic Re	epresentative Name and Address	Enter for the first Receiving Page 1	arty only.
Name		Ç	
Address (line 1)			
Address (line 2)		•	
Address (line 3)		Stronger response in the control of	And the second of the second of
Address (line 4)			
Corresponde	ent Name and Address	Area Code and Telephone Number (6:	.7) 570-1292
Name	Miriam J. Rovner		
Address (line 1)	Goodwin, Procter & Hoar LLP		
Address (line 2)	Exchange Place		
Address (line 3)	53 State Street		
Address (line 4)	Boston, MA 02109-2881		
Pages	Enter the total number of pages of the att including any attachments.		2
Trademark A	Application Number(s) or Registrat the Trademark Application Number or the Registra	tion Number(s)	additional numbers attached ters for the same property).
r	Frademark Application Number(s)	Registration Nu	mber(s)
	75/442,066 75/468,872	2,323,043	,924,790
Number of P	Properties Enter the total numb	er of properties involved	# 4
Fee Amount	Fee Amount fo	or Properties Listed (37 CFR 3.41):	\$ 115.00
3.6.3.1	·	<b>\</b>	

Method of Payment:

Enclosed

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

# 07-1700

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.

Robert M. O'Connell, Jr.
Name and Person Signing

Signature

Signature 6 une 2000
Date Signed

DOCSC\887715.1

# State of Delaware

# Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "LITLENET LLC", CHANGING

ITS NAME FROM "LITLENET LLC" TO "ORDERTRUST LLC", FILED IN THIS

OFFICE ON THE TWENTY-THIRD DAY OF MARCH, A.D. 1998, AT 11

O'CLOCK A.M.

STORY S CALLED TO STORY S CALL

Edward J. Freel, Sccretary of State

**AUTHENTICATION:** 

05-19-00

0449498

2804212 8100

001256602

DATE:

DIVISION OF COPPORATIONS FILED 11:00 AM 03/23/1998 981109926 - 2804212

## CERTIFICATE OF AMENDMENT

TO

### CERTIFICATE OF FORMATION

**OF** 

#### LITLENET LLC

This Certificate of Amendment to Certificate of Formation of LitleNet LLC (the 'LLC"). dated March 20, 1998, is being duly executed and filed by Thomas I. Litle IV, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C § 18-101, et seg.).

1. The Certificate of Formation shall be amended as follows:

The name of the limited liability company hereby is

#### OrderTrust LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Certificate of Formation as of the date first above written.

Authorized Person:

Name: Thomas J. Litle IV

Manager

DOCSC\606699 1

PTO/SB 91 (10-96) Approved for use through 10/31/99. OMB 0651-0031

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DEPOSIT ACCOUNT ORDER FORM  This form is to be used only for orders, the costs of which are to be charged against Patent and Transoft BE USED FOR orders when payment is made by cash, checks, or coupons. In adprinted copies of U.S. Patents. Use a separate form for each of the following types of se Reproductions, Title Reports, Translations. Mail to: Commissioner of Patents and Transoft AND ADDRESS OF DEPOSITOR  GOODWIN, PROCTER & HOAR LLP Exchange Place 53 State Street Boston, MA 02109-2881	dition, it should not be used for ordering ervice ordered: Coupons, Recordings,				
NOT BE USED FOR orders when payment is made by cash, checks, or coupons. In adprinted copies of U.S. Patents. Use a separate form for each of the following types of se Reproductions, Title Reports, Translations. Mail to: Commissioner of Patents and Trace NAME AND ADDRESS OF DEPOSITOR  GOODWIN, PROCTER & HOAR LLP Exchange Place 53 State Street	dition, it should not be used for ordering ervice ordered: Coupons, Recordings, demarks, Washington, D.C. 20231.				
NAME AND ADDRESS OF DEPOSITOR  GOODWIN, PROCTER & HOAR LLP Exchange Place 53 State Street					
GOODWIN, PROCTER & HOAR LLP Exchange Place 53 State Street					
ACCOUNT NUMBER YOUR ORDER NUMBER 100617-102830					
07-1700					
DESCRIPTION OF ARTICLES OR SERVICE TO BE FURNISHED					
Trademark Recordation:					
\$115.00					
If additional space is needed attach separate sheet.					
(signature) Christina L. Kelsey	L. Kelsey				
For prompt, accurate shipment please complete the following mailing label - please prin	nt or type.				
U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office Washington, DC 20231  OFFICIAL BUSINESS Return after five days  TOUR ORDER NUMBER 100617-102830  Goodwin, Procter & Hoa (name) Exchange Place 53 State Street (street address) Boston, MA 02109-288 (city, state, zip code)					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any commends on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and

**RECORDED: 06/06/2000**