

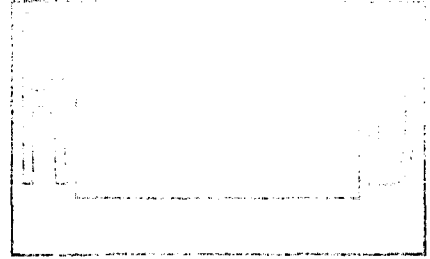
10-23-2000

TRADEMARK
Docket Nos. 7347-0005
7347-0009, 7347-0015



IN THE UNITED STATES OF AMERICA
101493874
TRADEMARK OFFICE
TRADEMARK RECORDATION COVER SHEET

COMMISSIONER OF PATENTS AND TRADEMARKS
BOX ASSIGNMENTS
Washington, D.C. 20231



Sir:

Please record the attached original documents or copies thereof.

1. Submission Type:

- New
- Resubmission (Non-Recordation) - Document ID# MPD 10-4-00
- Correction of PTO Error: Reel # _____ Frame # _____
- Corrective Document: Reel # _____ Frame # _____

2. Name Of Conveying Party(ies):

Name: Lawson Mardon Packaging Inc.

Formerly _____

Execution Date (Month/Day/Year) December 15, 1993

- Individual(s)
- General Partnership
- Corporation
- Association
- Limited Partnership
- Other _____

Citizenship/State of Incorporation _____

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

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

Name Alusuisse Lonza Canada Inc.

DBA/AKA/TA: _____

Address: 12 Akron Road

City Etobicoke State Ontario M8W ZIP CANADA

- Individual(s)
- Association
- General Partnership
- Limited Partnership
- Corporation-

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01 FC:432
02 FC:432
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50.00 OP

Other _____

Citizenship/State of Incorporation CANADA

If assignee is not domiciled in the U.S., a domestic representative designation is attached: Yes No
(Designation must be a separate document from Assignment).

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

4. Conveyance Type:

- | | |
|---|--|
| <input type="checkbox"/> Assignment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Security Agreement | <input checked="" type="checkbox"/> Change of Name |
| <input type="checkbox"/> License | <input type="checkbox"/> Nunc Pro Tunc Assignment |
| <input type="checkbox"/> Other | |

Effective Date: _____ (if nunc pro tunc assignment)

5. Application Number(s) and marks or Registration Number(s) and marks:

Trademark Application No.(s) 75/286,163 (Mark: MIXPAP); _____

Trademark Registration No.(s) 1,643,566 (Marks:LM (Stylized)); 1,643,824 LM (Stylized)

Additional numbers attached? Yes No

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

Name: JANET DORE c/o Morgan & Finnegan L.L.P.

Internal Address: _____

Street Address: 345 Park Avenue

City New York State New York ZIP 10154

Area Code and Telephone Number (212) 415-8563

7. Total number of applications and registrations involved:

8. Total fee (37 CFR 3.41):.....\$ 90.00

Enclosed

Authorized to be charged to deposit account

9. Deposit Account Number: 13-4500. Authorization to charge additional fees to deposit account: Yes No

10. Statement and Signature

Charges to deposit account are authorized, as indicated herein

JANET DORE  10/4/00
Name of Person Signing Signature Date

Total amount of pages in cover sheet: 3

FORM: REC-TM.NY
Rev. 10/04/94

**SUPPORTING DOCUMENTATION FOR TRADEMARK
CHANGE OF NAME DOCUMENTS IS**

NO LONGER REQUIRED

UNDER THE

TRADEMARK LAW TREATY ACT

EFFECTIVE

OCTOBER 30, 1999