

FORM PTO-1618A  
Expires 06/30/00  
OMB 0651-0027

03-06-2001



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U.S. Department of Commerce  
Patent and Trademark Office



02-20-2001

U.S. Patent & TMO/TM Mail Report Pt. #01

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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

<b>Submission Type</b>		<b>Conveyance Type</b>	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID # _____	<input checked="" type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____	<input type="checkbox"/> Corrective Document Reel # _____ Frame # _____	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Nunc Pro Tunc Assignment Effective Date Month Day Year 07/02/01
		<input type="checkbox"/> Merger	
		<input type="checkbox"/> Change of Name	
		<input type="checkbox"/> Other _____	

**Conveying Party**  Mark if additional names of conveying parties attached

Name ALPHA ENTERPRISES, INC. Execution Date  
Month Day Year  
07/02/01

Formerly \_\_\_\_\_

Individual  General Partnership  Limited Partnership  Corporation  Association

Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization OHIO

**Receiving Party**  Mark if additional names of receiving parties attached

Name NEXPAK CORPORATION

DBA/AKA/TA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 6370 Wise Avenue, NW

Address (line 2) \_\_\_\_\_

Address (line 3) North Canton Ohio 44720  
City State/Country Zip Code

Individual  General Partnership  Limited Partnership  Association

Corporation  Association

Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization DELAWARE

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

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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: 002244 FRAME: 0495**

**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="1,635,354"/>	<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.

Joseph A. Sebolt  
Name of Person Signing

  
Signature

02/16/01  
Date Signed

## **ASSIGNMENT**

**WHEREAS ALPHA ENTERPRISES, INC.**, an Ohio corporation having a business address of 6370 Wise Avenue, NW, North Canton, Ohio 44720, (hereinafter referred to as **ASSIGNOR**) is the owner of the entire right, title, and interest in the United States trademark **ALPHA**, registration number 1,635,354, registered February 19, 1991, and is the record title holder of said trademark; and

**WHEREAS NEXPAK CORPORATION**, a Delaware corporation having a business address of 6370 Wise Avenue, NW, North Canton, Ohio 44720, (hereinafter referred to as **ASSIGNEE**) is desirous of purchasing the entire right, title, and interest in said trademark including the goodwill of the business symbolized by said trademark, and

**WHEREAS, ASSIGNEE** desires to obtain the legal title to said trademark;

**NOW THEREFORE**, in consideration of the premises and of One Dollar (\$1.00) and of other good and valuable consideration, the sufficiency of which is hereby expressly acknowledged, **ASSIGNOR** by these presents hereby assigns, transfers, conveys, and sets over unto said **ASSIGNEE**, its successors, assigns and legal representatives, the entire right, title, and interest to and under said trademark, together with the goodwill of the business in connection with which said trademark was and is used, and all rights incident thereto;

Said **ASSIGNOR** hereby releases, assigns, and transfers unto said **ASSIGNEE** its successors, assigns and legal representatives, all right, title, and interest, claims and demands whatsoever said **ASSIGNOR** had in, to and by, under and through, said trademark, including all claims for any and all past infringement thereof and the right to sue therefor;

**ALL OF THE SAME** to be held and enjoyed by said **ASSIGNEE** for its own use and behoof and for its successors, assigns and legal representatives as fully and entirely as the same would have been held and enjoyed by said **ASSIGNOR** had this Assignment not been made.

**TRADEMARK**  
**REEL: 002244 FRAME: 0497**

Executed at N. Canton, Ohio, this 7<sup>th</sup> day of February  
2001.

ALPHA ENTERPRISES, INC.

ATTEST:

Susan Elliott

James K. Sankey  
Name: James K. Sankey  
Title: CEO

STATE OF OHIO  
COUNTY OF STARK

Before me, a Notary Public in and for Stark County, personally appeared James K. Sankey, personally well known to me and acknowledge the signing of the above instrument to be his voluntary act and deed and that of the corporation ALPHA ENTERPRISES, INC., for the purposes therein set forth.

Witness my signature and Official Seal at N. Canton, Ohio, this  
7<sup>th</sup> day of February, 2001.

Susan Lyn Elliott

NOTARY PUBLIC

Susan Lyn Elliott  
Notary Public, State of Ohio  
My Commission Expires  
June 12, 2005

SEAL

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RECORDED: 02/20/2001

TRADEMARK  
REEL: 002244 FRAME: 0498