

03-13-2001



2-28-01

101634755

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

Conveying Party Mark if additional names of conveying parties attached

Name Execution Date
Month Day Year

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship/State of Incorporation/Organization

Receiving Party Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)
City State/Country Zip Code

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship/State of Incorporation/Organization

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

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: 002249 FRAME: 0211

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"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|--------------------------------------|----------------------|----------------------|
| <input type="text" value="1060517"/> | <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.

David W. Nagle, Jr.

Name of Person Signing



Signature

2/26/01

Date Signed

ASSIGNMENT OF MARK

WHEREAS, Data-Link Systems, LLC, a Wisconsin Limited Liability Company of 1818 Commerce Drive, South Bend, Indiana 46628 is the record owner of the U.S. Registration No. 1,060,517 for the "FASTELLER" mark; and

WHEREAS, F.A.S.T., LLC, a Kentucky Limited Liability Company of 11933 Brinley Avenue, Suite 200, Louisville, Kentucky 40243 has acquired the "FASTELLER" mark which is the subject of U.S. Registration No. 1,060,517;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, Data-Link Systems, LLC does hereby assign unto F.A.S.T., LLC all right, title, and interest in and to the "FASTELLER" mark, together with the goodwill of the business symbolized therewith, and U.S. Registration No. 1,060,517. F.A.S.T., LLC grants back to Data-Link Systems, LLC a fully paid up, non-exclusive, perpetual license to use the mark in a manner consistent with its current use.

DATA-LINK SYSTEMS, LLC

By: Ted Morse
Ted Morse
Title: Sr. Vice-President

STATE OF INDIANA)
) SS
COUNTY OF St Joseph)

Subscribed, sworn, and acknowledged before me this 16th day of FEBRUARY, 2001 by Ted Morse as Sr. Vice-President of Data-Link Systems, LLC.

My commission expires: JUDITH L. McNELIS, Notary Public
A Resident of St. Joseph County, IN.
My Commission Expires Jan. 23, 2008

Judith L. McNelis
Notary Public

[SEAL]