FORM PTO-1618A Expires 06/30/99 OMB 0651 0027

04-16-2001



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Resubmission (Non-Recordation) Document ID #	Security Agreement Nunc Pro Tunc Assignment
Correction of PTO Error Reel # Frame #	Merger Effective Date Month Day Year
Corrective Document Reel # 002134 Frame #0461	Change of Name 12-18-97 Other
Conveying Party Name OfficeMax, Inc.	Mark if additional names of conveying parties attached Execution Date Month Day Year 4-8-99
Formerly	
Individual General Partnership	Limited Partnership Corporation Association
Other	
Citizenship/State of Incorporation/Organiza	ation Ohio
Receiving Party	Mark if additional names of conveying parties attached
Name OMX, Inc.	
DBA/AKA/TA	
Composed of	
Address (line 1) 3000 South Fourth Stree	
Address (line 2) Suite 1100	
Address (line 3) Las Vegas	Nevada 89101
City	State/Country Zip Code
Individual General Partnersh Corporation Association	assignment and the receiving party is not domiciled in the United States, an appointment of a domestic
Other	representative should be attached. (Designation must be a separate document from Assignment.)
Citizenship/State of Incorporation/O	
3/2001 LMUELLER 00000158 020396 74634300	FOR OFFICE USE ONLY

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Name					
Address (line 1)					
Address (line 2)					
Address (line 3)					
Address (line 4)					
Corresponden	t Name and Address	Area Code and Telephone Numb	er 216-861-7294		
Name	Rhonda S. Ferguson				
Address (line 1)	Baker & Hostetler LLP				
Address (line 2)	3200 National City Center				
Address (line 3)	1900 East 9 th Street				
Address (line 4)	Cleveland, Ohio 44114	4-3485			
Address (line 1)					
Pages	Enter the total number of including any attachments	pages of the attached conveyands. s.	ee document #		
Trademark Ap	plication 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).					
74/634,300	emark Application Number(s)	Ke-	gistration Number(s)		
Number of Prop	perties Enter the total num	ber or properties involved.	# 1		
Fee Amount	Fee Amount for Pr	operties Listed (37 CFR 3.41):	\$ 40.00		
Method of Pay Deposit Accou	nt Enclosed L	Deposit Account			
(Enter for payme	-	onal fees can be charged to the account.) osit Account Number:	# 020396		
	200				
	Auth	norization to charge additional fees:	Yes No		
Statement and	•				
To the best of attached cop indicated her	y is a true copy of the original do	regoing information is true and correct a cument. Charges to deposit account are	nd any authorized, as i ,		
Rhonda	a S. Ferguson	Cellege	3/12/0/		
	erson Signing	Signature	Date Signed		

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09-13-2000 FORM PTO-1618A U.S. Department of Commerce Expires 06/30/99 Patent and Trademark Office OMB 0651-0027 TRADEMARK 101455854 RECORDATION FORM COVER SHEET TRADEMARKS ONLY TO: The Commissioner of Patents and Trademarks: Please record the attached original documents(s) or copy(ies). Submission Type Conveyance Type New **Assignment** License Resubmission (Non-Recordation) Security Agreement **Nunc Pro Tunc Assignment** Document ID # Correction of PTO Error Merger **Effective Date** Reel # Month Day Year Change of Name 12-18-97 **Corrective Document** Reel # Frame # Other Conveying Party Mark if additional names of conveying parties attached **Execution Date** Month Day Year Name OfficeMax, Inc. 6-22-00 Formerly 272P 11**2**1 Individual General Partnership Limited Partnership Corporation Association Other Citizenship/State of Incorporation/Organization Receiving Party Mark if additional names of conveying parties attached OMX, Inc. Name DBA/AKA/TA Composed of 3000 South Fourth Street Address (line 1) **Suite 1100** Address (line 2) Las Vegas Address (line 3) Nevada 89101 State/Country Zip Code Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an Corporation Association

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Other

09/12/2000 NTHAI1

Citizenship/State of Incorporation/Organization

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appointment of a domestic representative should be attached.

(Designation must be a separate document from Assignment.)

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Name					
Address (line 1)					
Address (line 2)					
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Address (line 4)					
Correspondent Name and Address Area Code and Telephone Number					
Name	Rhonda S. Ferguson				
Address (line 1)	Baker & Hostetler LLP				
Address (line 2)	3200 National City Center				
Address (line 3)	1900 East 9 th Street				
Address (line 4)	Cleveland, Ohio 44114-3485				
Address (line 1)					
Pages	Enter the total number of pages of the attached conveyance document including any attachments.	3			
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)					
75/114,555 ✓	75/003,972 2,217,089				
75/031,484					
75/634,300					
Number of Pro	perties Enter the total number or properties involved. #	5			
Fee Amount	Fee Amount for Properties Listed (37 CFR 3.41): \$ 140.00				
Method of Pay Deposit Accou	int\ Enclosed Deposit Account				
(Enter for payment by deposit/account or if additional fees can be charged to the account.) Deposit Account Number: # 020396 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. Rhonda S. Ferguson					
Name of Po	erson Signing Signature	Date Signed			

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