

OMB 0651-0027

ADDRESS.

07-20-2001



U.S. Department of Commerce TRADEMARK

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RECORDATION FORM COVER SHEET

TRADEMARKS ONLY TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(les). Submission Type Conveyance Type X New License **Assignment** Resubmission (Non-Recordation) **Nunc Pro Tunc Assignment** Security Agreement Document ID # **Effective Date** Month Day Year Merger Correction of PTO Error Reel# Frame # Change of Name **Corrective Document** Reel# Frame # Other **Conveying Party** Mark if additional names of conveying parties attached Execution Date Month Day Year 12/09/1997 Name Rasmussen Millwork, Inc. Formerly General Partnership Limited Partnership | X | Corporation **Association** Individual Other Citizenship/State of Incorporation/Organization **Receiving Party** Mark if additional names of receiving parties attached Name | Colonial Craft, Inc. DBA/AKA/TA Composed of 2772 Fairview Avenue North Address (line 1) Address (line 2) 55113 Address (line 3) Roseville Minnesota State/Country If document to be recorded is an General Partnership **Limited Partnership** Individual assignment and the receiving party is not domiciled in the United States, an **Association** Corporation appointment of a domestic representative should be attached. (Designation must be a separate Other document from Assignment.) Citizenship/State of Incorporation/Organization 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 (0551-0027), 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

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FORM PTO-1 Expires 06/30/99 OMB 0651-0027	1618B Page 2	U.S. Department of Commerce Patent and Trademark Office TRADEMARK	
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Correspondent Name and Address Area Code and Telephone Number 612-340-8962			
Name [Nelson R. Capes		
Address (line 1)	RIDER, BENNETT, EGAN & ARUNDEL		
Address (line 2)	333 S. Seventh Street, Suite 2000		
Address (line 3)	Minneapolis, Minnesota		
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Number of Properties Enter the total number of properties involved. # 1			
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	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: # 50-1188			
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RECORDED: 04/06/2001

MINNESOTA SECRETARY OF STATE AMENDMENT OF ARTICLES OF INCORPORATION

BEFORE COMPLETING THIS FORM, PLEASE READ INSTRUCTIONS LISTED BELOW.

ORPORATE NAME: (List the name of the	
	company prior to any desired name change)
samusen Millwork, Inc.	
is amendment is effective on the day it is not than 30 days after filing with the Secret	is filed with the Sacretary of State, unless you indicate another date, a tary of State.
(waterward do NCS-6/2) FERCHALLIC AUDICAL SELECTION	guisting the above corporation were adopted: (Insert full text of new) is (are) being amended or added.) If the full text of the amendment will numbered pages. (Total number of pages including this form) ARTICLE T
The name of the corporation	shall be Colomial Graft, Inc.
a mandment has been ennmed name.	
- Antonia and popul abbitated brach	lant to Minnesota Statutes chapter 302A or 317A. I certify that I a
HOLING ID AMOCTOD AND SUBSURIEUR BUC!	part to Minnesote Statutes chapter 302A or 317A. I certify that I at I further certify that I understand that by signing this amendment, I at in section 609.48 as if I had signed this amendment under onth. $ \mathcal{L}_{a} $
MANAGE TO STREET, THE STREET, THAT	Edw Cl
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Ject to the penalties of perjury as set forth TRUCTIONS yee or print with black ink. Filling Fee of: \$35.00, made payable to i	I further certify that I understand that by signing this amendment, I as in section 609.48 as if I had signed this amendment under oath. (Signature of Authorized Person) Edwin Ghanie, Accorncy FOR OFFICE USE ONLY STATE OF MININESOTA DEPARTMENT OF STATE FILED
ivined to execute the amendment and plect to the penalties of perjury as set forth TRUCTIONS Type or print with black ink. A Filling Fee of: \$35.00, made payable to the Secretary of State. Secretary of State.	I further certify that I understand that by signing this amendment, I as in section 609.48 as if I had signed this amendment under oath. (Signature of Authorized Person) Edwin Ghanie, Accorncy FOR OFFICE USE ONLY STATE OF MININESOTA DEPARTMENT OF STATE FILED
Secretary of State 180 State Office Building 190 Constitution Ave. 181 Paul, MN 55155-1299 181 Office Building 180 Constitution Ave. 181 Paul, MN 55155-1299 181 Paul, MN 55155-1299 181 Paul Paul Paul Paul Paul Paul Paul Paul	I further certify that I understand that by signing this amendment, I as in section 609.48 as if I had signed this amendment under oath. (Signature of Authorized Person) Edwin Glassic, Accorncy FOR OFFICE USE ONLY STATE OF MINNESOTA DEC QUEUSET DEC QUEUSET Secretary of State Secretary of State
Secretary of State 190 State Office Building 190 Constitution Ave. St. Paul, MN 55155-1299	I further certify that I understand that by signing this amendment, I as in section 609.48 as if I had signed this amendment under oath. (Signature of Authorized Person) Edwin Glassic, Accorncy FOR OFFICE USE ONLY STATE OF MINNESOTA DEC QUEUSET DEC QUEUSET Secretary of State Secretary of State

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