

03-20-2002



Form PTO-1594
(Rev. 03/01)
OMB No. 0651-0027 (exp. 5/31/2002)

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TRADEMARKS

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies):</p> <p>American Boot Company, Inc. 3-6-02</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: <u>American West Trading Company</u> Internal Address: <u>c/o McRae Industries, Inc.</u> Street Address: <u>400 N. Main Street</u> City: <u>Mt. Gilead</u> State: <u>NC</u> Zip: <u>79906</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>TN</u> <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>11/03/1994</u></p>	

<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s) _____</p> <p>_____</p>	<p>B. Trademark Registration No.(s) <u>1,990,446</u></p> <p>_____</p>
<p>Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Myra Askins-Sullivan, Esq.</u> Internal Address: <u>Kennedy Covington Lobdell</u> <u>& Hickman, LLP</u> Street Address: <u>100 N. Tryon Street</u> Suite <u>4200</u> City: <u>Charlotte</u> State: <u>NC</u> Zip: <u>28202-4006</u></p>	<p>6. Total number of applications and registrations involved: <u>one</u></p> <p>7. Total fee (37 CFR 3.41).....\$ <u>40.00</u></p> <p><input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: _____</p>
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<p>9. Signature.</p> <p>03/19/2002 DBYRNE 00000049 1990446</p> <p>40.00 00</p> <p><u>Myra Askins-Sullivan, Esq.</u> Name of Person Signing</p>	<p><u>Myra Askins-Sullivan</u> Signature</p> <p style="text-align: right;"><u>February 19, 2002</u> Date</p>	<p>Total number of pages including cover sheet, attachments, and document: <u>one</u></p>
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Mail documents to be recorded with required cover sheet information to:
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OCTOBER 30, 1999