

10-31-2002



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**FINANCE SECTION 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

- New 10/28/02
- Resubmission (Non-Recordation)
Document ID#
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger
- Change of Name Effective Date
Month Day Year
04-11-2000
- Other

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
04-11-2000

Name **Arrowhead Conveyor LLC**

Formerly

- Individual General Partnership Limited Partnership Corporation Association
- Other
- Citizenship/State of Incorporation/Organization **Delaware**

Receiving Party

Mark if additional names of receiving parties attached

Name **Arrowhead Systems LLC**

DBA/AKA/TA

Composed of

Address (line 1) **3255 Medalist Drive**

Address (line 2)

Address (line 3) **Oshkosh** **Wisconsin/United States of America** **54903**

City

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 appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- Corporation Association
- Other
- Citizenship/State of Incorporation/Organization **Delaware**

FOR OFFICE USE ONLY

10/30/2002 LMUELLER 00000127 1257166

01 FC:8521
02 FC:8522

40.00 OP
75.00 OP

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**

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)

<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"/>

Registration Number(s)

<input type="text" value="1257166"/>	<input type="text" value="1257165"/>	<input type="text" value="1268209"/>
<input type="text" value="1199338"/>	<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.

James L. Vana

Name of Person Signing

Signature

10/22/02

Date Signed

STATE OF DELAWARE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 05:00 PM 04/14/2000
001195063 - 2890822

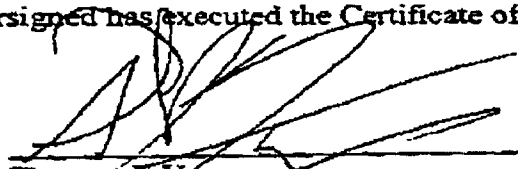
CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF FORMATION OF
ARROWHEAD CONVEYOR LLC

The undersigned, an authorized person on behalf of Arrowhead Conveyor LLC, a limited liability company formed under the provisions of the Limited Liability Company Act of the State of Delaware (the "Limited Liability Company"), hereby certifies that:

1. The name of the Limited Liability Company is Arrowhead Conveyor LLC.
2. Article FIRST of the Certificate of Formation of the Limited Liability Company is hereby amended in its entirety to read as follows:

"FIRST: The name of the Limited Liability Company is Arrowhead Systems LLC."

IN WITNESS WHEREOF, the undersigned has executed the Certificate of Amendment on and as of this 11 day of April, 2000.


Thomas J. Young
Authorized Person

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