

Form PTO-1594 (Modified)
(Rev. 8/93)
OMB No. 0651-0011 (exp. 4/94)
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TM05/REV03

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

Docket No.:

26422/42013

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

1. Name of conveying party(ies):
LINC Credit, LLC

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other Limited Liability Company

Additional name(s) of conveying party(ies) attached? Yes
 No

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other Assignment of Security Interest

Execution Date: 3/18/03

2. Name and address of receiving party(ies)
Name: LINC Credit Property III, LLC
Internal Address: _____
Street Address: 3300 South Parker Road
City: Aurora State: CO ZIP: 80014

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other Limited Liability Company - California

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from Assignment)

Additional name(s) & address(es) attached? Yes No

4. Application number(s) or patent number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)
2,220,384; 2,275,986; 2,042,014; 1,503,525;
1,252,305; 1,138,422; 1,415,912; 2,631,361;
1,389,122; 1,386,413; 872,724; 1,156,014;
1,314,169; 1,361,253; 1,393,685

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Caroline G. Chicoine
Internal Address: Thompson Coburn LLP

Street Address: One US Bank Plaza

City: St. Louis State: MO ZIP: 63101

6. Total number of application and registrations involved: 15

7. Total fee (37 CFR 3.41): \$ 600.00

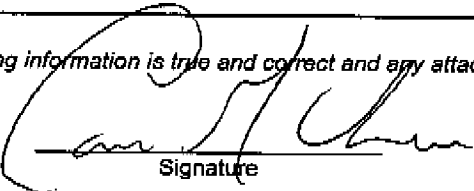
Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
_____ 20-0823

DO NOT USE THIS SPACE

9. 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.

Caroline G. Chicoine
Name of Person Signing


Signature

9/29/03
Date

Total number of pages including cover sheet, attachments, and documents: 2

TRADEMARK

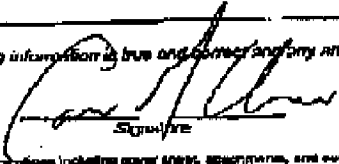
CH \$390.00 200823 2220384

OPR/ASSIGNMENTS

9/24/03 11:04 PAGE 3/5 RightFAX

SEP 17 2003 17:45 FR THOMPSON COBURN LLP 3 3145527000 TO 2825#26422#42013 P.02/03

09/17/2003
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Form # TD-1584 (Modified) Rev. 8/02 DMS No. 0601-0011 (0601-404) Copyright 1998-07 I systems TRADEMARKS Tax Ref: 1584-01		REGISTRATION FORM COVER SHEET TRADEMARKS ONLY		Docket No: 28422/42013
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.				
1. Name of conveying party(ies): LINC Credit, LLC <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input checked="" type="checkbox"/> Other <u>Limited Liability Company</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies) Name: <u>LINC Credit Property III, LLC</u> Internal Address: _____ Street Address: <u>2200 South Park Road</u> City: <u>Aurora</u> State: <u>CO</u> ZIP: <u>80014</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input checked="" type="checkbox"/> Other <u>Limited Liability Company - California</u> <small>* If applicant is not domiciled in the United States, a domestic representative designation is required. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designation must be a separate document from Assignment)</small> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Assignment of Security Interest</u> Execution Date: <u>9/18/03</u>		4. Application number(s) or patent number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) <u>2,750,364; 2,775,088; 4,042,014; 1,503,629; 1,269,305; 1,138,497;</u> <u>1,415,912; 2,831,381; 1,360,122; 1,306,413; 872,724; 1,158,014;</u> <u>1,314,108; 1,381,263; 1,393,666</u> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Caroline G. Chipine</u> Internal Address: <u>Thompson Coburn LLP</u> Street Address: <u>One US Bank Plaza</u> City: <u>St. Louis</u> State: <u>MO</u> ZIP: <u>63101</u>		6. Total number of application and registrations involved: 16 7. Total fee (37 CFR 3.41): \$ <u>800.00</u> <input type="checkbox"/> Enclose <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>20-0825</u>		
DO NOT USE THIS SPACE				
9. 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. <u>Caroline G. Chipine</u> Name of Person Signing		 Signature <u>9/17/03</u> Date Total number of pages including cover sheet, assignments, and extensions: 2		

2178712

Sent by: Republic Credit Corporation I 3039232197;

05/08/03 5:18PM;#809;

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03078C0528



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (read and mark CAREFULLY)

A. NAME & PHONE OF CONTACT AT FILER (optional)
Sandra Thompson 303-923-2107

B. STATE ACKNOWLEDGMENT Y/N: (Name and Address)

Republic Financial Corporation
 3300 South Parker Road, Suite 500
 Aurora, CO 80014

FILED
 SACRAMENTO, CA
 MAR 10, 2003 AT 1700
 KEVIN SHELLEY
 SECRETARY OF STATE

THE ABOVE SPACE IS FOR THE FILER'S USE ONLY

10. SERIAL FINANCING STATEMENT FILE #
9823940240 8/15/98

This FINANCING STATEMENT AMENDMENT is to be filed for record in the REAL ESTATE RECORDS.

1. **TERMINATION:** Supervisor of the Financing Statement (except Agent in connection with request to modify Statement) of the Secured Party following the Termination Agreement.

2. **CONFIRMATION:** Supervisor of the Financing Statement (except Agent in connection with request to modify Statement) of the Secured Party following the Confirmation Agreement as required for the collateral period provided by applicable law.

4. **ASSIGNMENT (all or part):** Check either of checkboxes in Item 7a or 7b and address of assignee in Item 7c. Also give name of assignee in Item 6.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor All Secured Party of record. Check only one of these two items. Also check one of the following three boxes and provide appropriate information in items 6 and 7.

Change name of Debtor. Provide name and address of Debtor in items 6 and 7.
 DELETE name. Also record name of Debtor in item 6.
 ADD name. Complete items 6a or 7a, and use item 7c.

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. **CHANGED NAME OR ADDITIONAL INFORMATION:**

7a. ORGANIZATION'S NAME
LINC Credit Property III, LLC

OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. Mailing ADDRESS

3300 South Parker Road, Suite 500

City: **Aurora** State: **CO** Postal Code: **80014** Country: **USA**

7d. JURISDICTION OF ORGANIZATION
California

7e. ORGANIZATION'S U.C.C. # (if any)
200301810060

8. **AMENDMENT (COLLATERAL CHANGES):** Check only one item.
 Describe collateral deleted or added, or give name described collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (Name of assignee, if this is an Assignment; if this is an Assignment followed by a Debtor which adds collateral or adds the existing Debtor, or if this is a Termination authorized by a Debtor, check one and enter name of DEBTOR authorizing the Amendment.)

9a. ORGANIZATION'S NAME
LINC Credit, L.L.C.

OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**
 California Secretary of State 900-01141-001 Blue Magic Products, Inc.

FILE THIS OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 08/22/02)
 CA UCC 3045.1, 3045.102 C.T. (Public Notice)

COPY
 TRADEMARK

RECORDED: 09/24/2003

REEL: 002723 FRAME: 0987

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