


RECORDATION FORM COVER SHEET TRADEMARKS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): Skylark Meats, Inc. <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 _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Strategic Financing, Inc.</u> Internal Address: _____ Street Address: <u>1120 Lake Avenue</u> City: <u>Fairmont</u> State: <u>Mn</u> Zip: <u>56031</u> <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>Nebraska</u> <input type="checkbox"/> Other _____ <small>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)</small> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Nature of conveyance: <input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>09/29/2003</u>	4. Application number(s) or registration number(s): A. Trademark Application No.(s) <u>75632058</u> B. Trademark Registration No.(s) _____ Additional number(s) attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>James A. Blomquist</u> Internal Address: <u>Suite 2200</u> Street Address: <u>220 S. Sixth St.</u> City: <u>Minneapolis</u> State: <u>MN</u> Zip: <u>55402-4504</u>	6. Total number of applications and registrations involved: 10 7. Total fee (37 CFR 3.41).....\$ <u>265.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>502277</u>	
DO NOT USE THIS SPACE		
9. Signature. James A. Blomquist _____ Name of Person Signing		
 Signature		<u>2/23/2004</u> Date
Total number of pages including cover sheet, attachments, and document: 3		

Mail documents to be recorded with required cover sheet information to:
 Commissioner of Patent & Trademarks, Box Assignments
 Washington, D.C. 20231

CH \$266.00 602277 76632068

Recordation Form Cover Sheet

Trademarks Only

Continuation of Item 4 from Skylark Meats, Inc.:

75824356
73441541
73202772
73421295
73429673
73561737
73561740
75645887
78291975

91-953

State of Minnesota**SECRETARY OF STATE****Certificate of Merger**

I, Mary Kiffmeyer, Secretary of State of Minnesota, certify that: the documents required to effectuate a merger between the entities listed below and designating the surviving entity have been filed in this office on the date noted on this certificate; and the qualification of any non-surviving entity to do business in Minnesota is terminated on the effective date of this merger.

Merger Filed Pursuant to Minnesota Statutes, Chapter: 302A

State of Formation and Names of Merging Entities:

MN: SKYLARK MEATS, INC.

NE: STRATEGIC FINANCING, INC.

State of Formation and Name of Surviving Entity:

NE: STRATEGIC FINANCING, INC.

Effective Date of Merger: October 4, 2003 @ 11:50p.m. CST

Name of Surviving Entity After Effective Date of Merger:

STRATEGIC FINANCING, INC.

This certificate has been issued on: October 1, 2003.



Mary Kiffmeyer
Secretary of State.