FORM PTO-1618A

Expires 06/30/99 OMB 0651-0027

10-02-2003

U.S. Department of Commerce Patent and Trademark Office TRADEMARK

| 1025                                                              |                       | ÆET                  |                                                                                                         |
|-------------------------------------------------------------------|-----------------------|----------------------|---------------------------------------------------------------------------------------------------------|
| TO: The Commisioner of Patents and Tradema                        | 705,7,55<br>rks: 7,55 | attached origin      | al document(s) or                                                                                       |
| copy(les).                                                        |                       |                      |                                                                                                         |
| Submission Type                                                   | Conveyance Type       |                      |                                                                                                         |
| [x] New                                                           |                       |                      |                                                                                                         |
| [ ] Resubmission (Non-Recordation)  Document ID #                 | [ ] Assignment        |                      |                                                                                                         |
| [ ] Correction of PTO Error  Reel # Frame #                       | [ ] Security Agre     | ement [ ] N          | unc Pro Tunc Assignment  Effective Date  Month Day Year                                                 |
| [ ] Corrective Document Reel # Frame #                            | [x] Change of Na      |                      | March 1999                                                                                              |
| Conveying Party                                                   | I Mark if addir       | tional names of con- | veying parties attached.                                                                                |
|                                                                   | L J Mark II addit     | nonai names of con   | Execution Date                                                                                          |
| Name_BAGCRAFT ACQUISITION, L.L.C.                                 |                       |                      | Month Day Year March 1999                                                                               |
| Formerly                                                          |                       |                      |                                                                                                         |
| [ ] Individual [ ] General Partnership [] [ ] Other               |                       |                      |                                                                                                         |
| [V] Citimonohin/Otata of Imagementics/Oursell                     | 4' DELAM              |                      | NE ON SEP                                                                                               |
| [X] Citizenship/State of Incorporation/Organiz<br>Receiving Party |                       | / \                  |                                                                                                         |
| Neceiving Faity                                                   | [ ] Mark if addit     | ional names of rece  | iving parties attached.                                                                                 |
| Name BAGCRAFT PACKAGING, L.L.C.                                   |                       |                      | 8 3 5                                                                                                   |
| DBA/AKA/TA                                                        |                       |                      | = 8                                                                                                     |
|                                                                   |                       |                      | PN 6: 50                                                                                                |
| Composed of                                                       |                       |                      | <b>S</b>                                                                                                |
| Address (line 1) 100 Tri-State                                    |                       |                      |                                                                                                         |
| Address (line 2)                                                  |                       |                      |                                                                                                         |
| Address (line 3) <u>Lincolnshire</u>                              | Illinois              | 60669                |                                                                                                         |
| City                                                              | State                 |                      | Zip Code                                                                                                |
| [ ] Individual [ ] General Partnership                            | [ ] Limited Partners  | <b>ship []</b> a     | f document to be recorded is an<br>ssignment and the receiving party is                                 |
| [X] Corporation [ ] Association                                   |                       | а                    | ot domiciled in the United States, an<br>appointment of a domestic<br>apresentative should be attached. |
| [ ] Other                                                         |                       | (1                   | Designation must be on a separate locument from assignment.)                                            |
| [X] Citizenship/State of Incorporation/Organiz                    | ation <u>DELAWARE</u> |                      |                                                                                                         |
| /2003 GTON11 00000161 061135 2185943                              | OFFICE USE ONLY       |                      |                                                                                                         |
| 18522 275.00 DA                                                   |                       |                      |                                                                                                         |

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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 Assignment, Washington D.C. 20231

| Expires 06/30/99 OMB 0651-0027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Commerce Patent and Trademark Office TRADEMARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ing Party only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Address (line 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Address (line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Peter Trademark Application Number of Pagistration Number (DO NOT ENTER BOTH numbers to the account, I fenter for payment by deposit account or if additional fees can be charged to the account, I seed for payment and Signature  To the best of my knowledge and belief, the foregoing, information is true and correct and any afterhood only is a funder. Standard of the seed of my knowledge and belief, the foregoing, information is true and correct and any afterhorderd, as indicated the residue. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Area Code and Telephone Number 312-577-7000                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and the second s |
| NamePHILIP T. PETTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address (line 1) FITCH, EVEN, TABIN & FLANNERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address (line 2) 120 SOUTH LASALLE STREET, SUITE 1600                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Address (line 4) CHICAGO, IL 60603-3406                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| attached. See<br>Schedule<br>Numbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Attached of Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Trademark Application Number(s) Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Number of Properties  Enter the total number of properties involved.                                                                                                                                                                                                                                                                                                                                                                                                                                           | #12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Fee Amount  Fee Amount for Properties Listed (37 CFR 3.41): \$_3^2                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address (line 4)  ETTI  EVEN, TABIN & FLANNERY  JTH LASALLE STREET, SUITE 1600  O, IL 60603-3406  umber of pages of the attached conveyance document tachments.  # _ 2  INDEPTIONAL SET (SUITE 1600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Statement and Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| attached copy is a true copy of the original document Sharges to deposit account are authorized, a                                                                                                                                                                                                                                                                                                                                                                                                             | s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TEMBER 25, 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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Page 2

FORM PTO-1618B

TRADEMARK REEL: 002836 FRAME: 0767

U.S. Department of

## **SCHEDULE OF REGISTRATION NUMBERS**

| Trademark                      | Registration<br>Number | Registration<br>Date |
|--------------------------------|------------------------|----------------------|
| DUBL-WAX                       | 2,185,943              | 09/01/1998           |
| BAGCRAFT                       | 1,964,134              | 03/26/1996           |
| DUBL-HANDL                     | 1,558,630              | 09/26/1989           |
| GRAZING BAGS                   | 1,541,512              | 05/30/1989           |
| DUBL-CLEAR                     | 1,533,089              | 04/04/1989           |
| TRIO                           | 1,531,969              | 03/28/1989           |
| CAMEO                          | 1,531,968              | 03/28/1989           |
| IDENTO                         | 1,531,967              | 03/28/1989           |
| DUBL-FRESH                     | 804,067                | 02/22/1966           |
| DUBL-PANEL                     | 775,159                | 08/18/1964           |
| OPEN SESAME                    | 746,055                | 03/05/1963           |
| BAGCRAFT<br>(Stylized letters) | 602,576                | 03/01/1955           |

TRADEMARK REEL: 002836 FRAME: 0768 I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "BAGCRAFT ACQUISITION, L.L.C." CHANGING ITS NAME FROM "BAGCRAFT ACQUISITION, L.L.C." TO "BAGCRAFT PACKAGING, L.L.C." FILED IN THIS OFFICE ON THE FIRST DAY OF APRIL, A.D. 1999 ATTA O'CLOCK A.M.



Edward J. Freel, Secretary of State

AUTHENTICATION:

2930400 8100

991129607

DATE: 9672263

04-06-00

TRADEMARK REEL: 002836 FRAME: 0769

## CERTIFICATE OF AMENDMENT

Pursuant to Section 18-202 of the Limited Liability Company Act

- 1. The name of the limited liability company is Bagcraft Acquisition, L.L.C.
- 2. The Certificate of Formation is hereby amended to change the name of the limited liability company to Bagcraft Packaging, L.L.C.
- 3. Accordingly, Article 1 of the Certificate of Formation shall, as amended, read as follows:
  - "1. The name of the limited liability company is Bagcraft Packaging, L.L.C."

IN WITNESS WHEREOF, the undersigned has caused this Certificate of Amendment to be executed this \_\_\_\_\_ day of March, 1999.

BAGCRAFT ACQUISITION, L.L.C. By: Packaging Dynamics, L.L.C., as sole member of Bagcraft Acquisition, L.L.C.

By: Packaging Holdings, L.L.C., as sole member of Packaging Dynamics, L.L.C.

By:

Name: Frank V. Tannura

Title: Management Committee

Member

0158749.01-ChicagoS2A