

Form PTO-1584 (Modified)
(Rev. 6/93)
OMB No. 0651-0011 (exp. 4/94)
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TM05/REV03

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

Docket No.:
26422/42013

Tab settings → → → τ ▼

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

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

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other Corrective Assignment -to remove Registration No. 1,393,685 from the assignment recorded at Reel/Frame 002723/0985

Execution Date: 03/18/03

4. Application number(s) or patent number(s):
 A. Trademark Application No.(s)
 B. Trademark Registration No.(s)
2,220,384; 1,393,685

Additional numbers attached? Yes No

6. Total number of application and registrations involved: 2

7. Total fee (37 CFR 3.41):\$ 65.00

Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
20-0823

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

Name: Caroline G. Chicoine

Internal Address: Thompson Coburn LLP

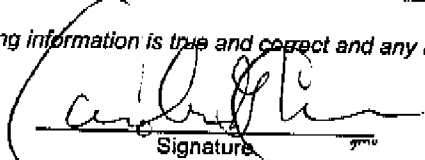
Street Address: One US Bank Plaza

City: St. Louis State: MO ZIP: 63101

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

June 8, 2004
 Date

Total number of pages including cover sheet, attachments, and documents: 5

CH \$65.00 200823 2220384

Sent by: Republic Credit Corporation I 3039232197;

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

Page 2/6



03078C0528



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (read and read CAREFULLY)

A. NAME & PHONE OF CONTACT AT FILER (optional)

Sandra Thompson 303-913-2107

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Republic Financial Corporation
1300 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 A COVER SHEET ONLY

1a. ORIGINAL FINANCING STATEMENT FILE #

9822968249 2/15/98

1b. THIS FINANCING STATEMENT AMENDMENT IS TO BE FILED AND RECORDED BY NUMBERED IN THE REAL ESTATE RECORDS

2. VERIFICATION: Signatures on the Financing Statement identify above in connection with respect to security interests of the Secured Party authorizing this Amendment.

3. CONFIRMATION: Signatures of the Financing Statement identify above with respect to security interests of the Secured Party authorizing this Amendment in a covered for the additional period provided by applicable law.

4. ASSIGNMENT (all or partial): Also name of assignee in item 7a or 7b and address of assignee in item 7c. Also give name of assignor in item 5.

5. AMENDMENT PARTY INFORMATION: This Amendment covers: [] Other [] Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and 7

[] CHANGE OF PERSONALITY: Assignor is the secured assignor

[] DELETE name: Also delete other [] ADD name: Complete items 7a or 7b, and also item 7c

[] ADD name: Complete items 7a or 7b, and also item 7c

6. CREDIT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED NAME OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

LINC Credit Property III, LLC

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. ADDRESS ADDRESS

3300 South Parker Road, Suite 500

CITY

Aurora

STATE

CO

ADDITIONAL CODES

80014

COUNTRY

USA

7d. IDENTIFICATION

TYPE OF ORGANIZATION: LIMITED LIABILITY COMPANY

7f. JURISDICTION OF ORGANIZATION

California

7e. ORGANIZATION'S I.D. #: 200301810060

[] NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral: [] interest or [] value, or give copy [] revised collateral description, or describe collateral [] assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor if this is an Assignment; if this is an Amendment authorized by a Debtor which does not default or with the authorizing Debtor, or if this is a Termination authorized by a Debtor, check box) and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

LINC Credit, L.L.C.

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. ORIGINAL FILER INFORMATION:

California Secretary of State

900-03143-003

Blue Magic Products, Inc.

Form PTO-1594 (Modified) (Rev. 6/93) OMB No. 0651-0011 (exp. 4/94) Copyright 1994-97 LegalStar TMGS/REV03 Tab settings → → → τ ▼	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	Docket No.: 28422/42013
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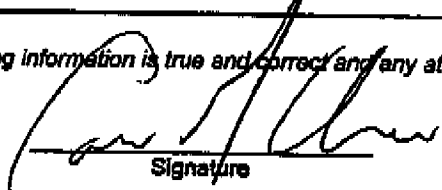
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): LINC Credit, LLC <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>3300 South Parker 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 assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations 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>3/18/03</u>	

4. Application number(s) or patent number(s): A. Trademark Application No.(s)	B. Trademark Registration No.(s) <u>2,220,384; 2,275,988; 2,042,014; 1,503,525; 1,252,305; 1,138,422;</u> <u>1,415,912; 2,631,381; 1,389,122; 1,386,413; 872,724; 1,156,014;</u> <u>1,314,169; 1,381,253; 1,393,885</u> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Caroline G. Chicoine</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: 15 7. Total fee (37 CFR 3.41):\$ <u>600.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>20-0823</u>
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DO NOT USE THIS SPACE

9. Statement and signature. <i>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.</i> <u>Caroline G. Chicoine</u> Name of Person Signing	 Signature	<u>9/17/03</u> Date
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Total number of pages including cover sheet, attachments, and documents: 2

Sent by: Republic Credit Corporation I 3039232197;

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

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[Redacted]

03078C0528



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS and read form CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

Sandra Thompson 303-213-2197

B. SECURED PARTY INFORMATION (Name and Address)

Republic Financial Corporation
1300 South Parker Road, Suite 500
Aurora, CO 80014

FILED
SACRAMENTO, CA
MAY 18, 2003 AT 1700
KEVIN SHELLEY
SECRETARY OF STATE

THE ABOVE SPACE is for a name and address

1. PARTIAL FINANCING STATEMENT FILE #
922368240 8/15/98

15. THE FINANCING STATEMENT AMENDMENT is to be filed and recorded (if recorded) in the REAL ESTATE RECORDS

1. TERMINATION: Cancellation of the Financing Statement identified above is warranted when reported in writing to the Secured Party following the Termination Statement.

2. CORRECTION: Cancellation of the Financing Statement identified above with respect to security interests of the Secured Party outstanding the Construction Statement is warranted for the unperfected period provided by applicable law.

4. AMENDMENT (add or correct): Give name of company in item 7a or 7b and address of company in item 7c, and also give name of manager in item 8.

5. AMENDMENT PARTY INFORMATION: This Amendment covers Child Adult Party of Interest. Check only one of these two items. Also check one of the following three boxes (add suitable descriptive information in item 6 or item 7).

DELETE name: Give name of name to be deleted in item 6 or 7a. ADD name: Complete item 7a or 7c, and also item 8.

6. CURRENT RECORD INFORMATION:

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

7. CHANGED NAME OR ADDRESS INFORMATION:

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

7c. MAILING ADDRESS

3300 South Parker Road, Suite 500
Aurora CO 80014
7d. JURISDICTION: CA
7e. TYPE OF ORGANIZATION: Limited Liability Co
7f. JURISDICTION OF ORGANIZATION: California
7g. INTERNATIONAL U.S. ID # or ASSIGNMENT NO.: 200301810060

8. AMENDMENT (COLLATERAL CHANGE): Check only one box.
Delete the collateral deleted or added, or give entire increased collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT (name of company if this is an Assignment; if this is an Amendment published by a Creditor, check this column if this is a self-serving Debit, or if this is a Termination warranted by a Creditor, check here) and enter name of CREDITOR authorizing the Amendment.

9a. ORGANIZATION'S NAME
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
LINC Credit, L.L.C.

10. SIGNATURE AND ADDRESS
California Secretary of State 800-933-1411 Blue Magic Products, Inc.

FILED OFFICE COPY - UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 06/22/02)
CA UCC 3042, 3042B & 7 System Change

RECORDED: 06/08/2004

COPY MARK
REC: 002867 FRAME: 0176