

3/10/04

03-15-2004



102693859
TRADEMARK

Form PTO-1594
(Rev. 10/02)
OMB No. 0651-0027 (exp. 6/30/2005)
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U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

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

1. Name of conveying party(ies):
Franchise Acquisition, LLC
 Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other Ohio limited liability company
Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: Marco's Franchising, LLC
Internal Address: _____
Address: _____
Street Address: 5252 Monroe Street
City: Toledo State: OH Zip: 43623
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other Ohio limited liability company
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 _____
Execution Date: January 12, 2004

4. Application number(s) or registration number(s):
A. Trademark Application No.(s)
B. Trademark Registration No.(s)
See Schedule A attached
Additional number(s) attached Yes No

6. Total number of applications and registrations involved: 6

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Cynthia L. Stewart
Internal Address: Frost Brown Todd LLC
32nd Floor
Street Address: 400 W. Market Street
City: Louisville State: KY Zip: 40202-3863

7. Total fee (37 CFR 3.41).....\$ 165.00
 Enclosed
 Authorized to be charged to deposit account
8. Deposit account number:
024275
(Attach duplicate copy of this page if paying by deposit account)

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.
Cynthia L. Stewart Cynthia L. Stewart 3-9-04
Name of Person Signing Signature Date
Total number of pages including cover sheet, attachments, and document: 6

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

03/12/2004 09:00:14 024275
01 FC: 40.00
02 FC: 125.00

SCHEDULE A

Trademark	Registration Number (USPTO)
Marco's (with design)®	1,172,629
Chef Marco's®	1,049,162
Chef Marco's (with design)®	1,316,241
Marco's Pizza®	1,392,554
Chef Marco Marco's Pizza	
Simply the Best (with design)®	2,136,580
Hot2Go(with design)®	2770764



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/23/2004	200402300490	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

FROST BROWN TODD LLC - CHRISTINE BRACKEN
 ONE COLUMBUS, SUITE 1000
 10 WEST BROAD STREET
 COLUMBUS, OH 43215

**STATE OF OHIO
 CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

1402987

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

MARCO'S FRANCHISING, LLC

and, that said business records show the filing and recording of:

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200402300490



United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of
 the Secretary of State at Columbus,
 Ohio this 22nd day of January, A.D.
 2004.

J. Kenneth Blackwell
 Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Limited Liability Company Certificate of
Amendment / Restatement / Correction**
(Domestic or Foreign)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Domestic Limited Liability Company <input checked="" type="checkbox"/> Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) 08/01/2003 (Date of Organization)	<input type="checkbox"/> (2) Foreign Limited Liability Company <input type="checkbox"/> Correction (135-LFC) _____ (Home State)	_____ (Qualifying in Ohio on MM/DD/YY)
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The undersigned authorized representative of Franchise Acquisition, LLC 1402987
(Name) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company Amend Restate Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:
Marco's Franchising, LLC
(the name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of perpetual

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):

(street address) **NOTE: P.O. Box Addresses are NOT acceptable.**

(city, township, or village) (state) (zip code)

Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

2004 JUN 22 PM 1:17
SECRETARY OF STATE

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name)

(Street) *NOTE: P.O. Box Addresses are NOT acceptable.*

(City, village or township) Ohio _____
(State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

A. the agent cannot be found or,
 B. the limited liability company fails to designate another agent when required to do so, or
 C. the limited liability company's registration to do business in Ohio expires or is cancelled

REQUIRED
 Must be authenticated (signed)
 by an authorized representative
 (See Instructions)

[Signature] _____
 Authorized Representative

_____ 1-12-04
 Date

John Butera
(Print Name)

5252 Monroe Street
Toledo, Ohio 43623

 Authorized Representative

_____ _____
 Date

(Print Name)

 Authorized Representative

_____ _____
 Date

(Print Name)
