

Form PTO-1594 (Rev. 06/04)
OMB Collection 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

Klearfold, LLC

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other limited liability company

Citizenship (see guidelines) Delaware

Execution Date(s) 12/31/2003

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies) Yes
Additional names, addresses, or citizenship attached? No

Name: AGI, LLC

Internal Address: _____

Street Address: One High Ridge Park

City: Stamford

State: Connecticut

Country: USA Zip: 06905

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship _____
 Other limited liability company Citizenship Illinois

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)

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) _____

B. Trademark Registration No.(s) 1949217

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

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

Name: Thomas A. Boshinski

Internal Address: Attn: Law Dept.

Street Address: Courthouse Plaza NE

City: Dayton

State: OH Zip: 45463

Phone Number: 937-495-3438

Fax Number: 937-495-3161

Email Address: _____

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 132500

Authorized User Name Thomas A. Boshinski

9. Signature: Thomas A. Boshinski Signature Date Jan 13 2005

Thomas A. Boshinski Name of Person Signing

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

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5996, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

CH \$40.00 132600 1949217

File Number 0084078-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEADWESTVACO CONSUMER PACKAGING GROUP, LLC, ARTICLES OF MERGER WERE FILED IN THIS OFFICE ON DECEMBER 31, 2003 WHEREIN, HERITAGE IMPAC HOLDING, LLC, KLEARFOLD, LLC, MEADWESTVACO PACKAGING GROUP, LLC, MEADWESTVACO HEALTHCARE PACKAGING, LLC, MPC PACKAGING, LLC, AND MEBANE TENNESSEE, LLC, ALL DELAWARE LIMITED LIABILITY COMPANIES NOT QUALIFIED TO TRANSACT BUSINESS IN THIS STATE MERGED INTO AGI, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, WITH THE SURVIVING LIMITED LIABILITY COMPANY CHANGING ITS NAME TO MEADWESTVACO CONSUMER PACKAGING GROUP, LLC *****

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of AUGUST A.D. 2004



Jesse White

SECRETARY OF STATE