

**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):

Amsted Industries Incorporated

- Individual(s) Association
 General Partnership Limited Partnership
 Corporation- State: Delaware
 Other _____

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No**3. Nature of conveyance / Execution Date(s) :**Execution Date(s) September 29, 2004

- Assignment Merger
 Security Agreement Change of Name
 Other _____

2. Name and address of receiving party(ies)Additional names, addresses, or citizenship attached? Yes
 NoName: The Holland Group, Inc.

Internal _____

Address: _____

Street Address: 467 Ottawa AvenueCity: HollandState: MICountry: _____ Zip: 49422 Association Citizenship _____ General Partnership Citizenship _____ Limited Partnership Citizenship _____ Corporation Citizenship Michigan Other _____ Citizenship _____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)**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)

619,829

Additional sheet(s) attached? Yes NoC. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
SIMPLEX**5. Name & address of party to whom correspondence concerning document should be mailed:**Name: Brian E. Ainsworth

Internal Address: _____

Street Address: P.O. Box 2567City: Grand RapidsState: MI Zip: 49501

Phone Number: _____

Fax Number: (616) 957-8196

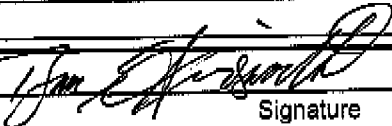
Email Address: _____

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(8) & 3.41) \$0.00

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

B. Payment Information:a. Credit Card Last 4 Numbers _____
Expiration Date _____b. Deposit Account Number 16-2463Authorized User Name Price Heneveld**9. Signature:**

Signature

Brian E. Ainsworth

Name of Person Signing

Date

11-23-05

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

2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

