

Form PTO-1594 (Rev. 07/05)  
OMB Collection 0651-0027 (exp. 6/30/2008)

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):**

SNSTM, Inc.

- Individual(s)
- General 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) December 22, 2005

- Assignment
- Security Agreement
- Other \_\_\_\_\_
- Merger
- Change of Name

**2. Name and address of receiving party(ies)**

Additional names, addresses, or citizenship attached?  Yes  No

Name: STEAK N SHAKE, LLC  
 Internal \_\_\_\_\_  
 Address: Suite 500  
 Street Address: 36 South Pennsylvania Street  
 City: Indianapolis  
 State: IN  
 Country: US Zip: 46204

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship \_\_\_\_\_

Other LLC 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)  
78/449,740

B. Trademark Registration No.(s)

Additional sheet(s) attached?  Yes  No

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

CHOCAWBERRY

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

Name: Gregory B. Coy, Esq., Krieg DeVault LLC  
Internal Address: Suite 2800

Street Address: One Indiana Square

City: Indianapolis  
State: IN Zip: 46204-2079

Phone Number: (317) 636-4341

Fax Number: (317) 636-1507

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 1013  
Expiration Date 04/09

b. Deposit Account Number \_\_\_\_\_  
Authorized User Name \_\_\_\_\_

**9. Signature:** Gregory B. Coy  
Signature

February 28, 2006  
Date

Gregory B. Coy  
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

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

OP \$40.00 78449740

**State of Indiana**  
**Office of the Secretary of State**

**CERTIFICATE OF MERGER**

of

**STEAK N SHAKE, LLC**

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Merger of the above Domestic Limited Liability Company (LLC) have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The following non-surviving entity(s):

**SNSTM, INC.**

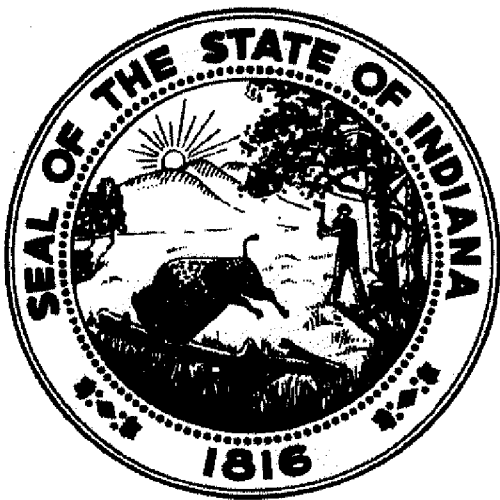
a(n) Delaware Non-Qualified Foreign Corporation

merged with and into the surviving entity:

**STEAK N SHAKE, LLC**

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, December 22, 2005.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 21, 2005.



A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA,  
SECRETARY OF STATE

2005121500235 / 2005122226189