

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Shelterworkz Holding, LLC		06/21/2005	LIMITED LIABILITY COMPANY:
RECEIVING PARTY DATA			
Name:	Shelterlogic Holdings, LLC		
Street Address:	2777 Summer Street		
City:	Stamford		
State/Country:	CONNECTICUT		
Postal Code:	06095		
Entity Type:	LIMITED LIABILITY COMPANY:		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	78651119	SHELTERLOGIC	
Serial Number:	78651021	SHELTERLOGIC	
CORRESPONDENCE DATA			
Fax Number:	(860)548-0006		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	8605226103		
Email:	fortner@halloran-sage.com		
Correspondent Name:	Joseph G. Fortner, Jr.		
Address Line 1:	225 Asylum Street		
Address Line 2:	18th Floor		
Address Line 4:	Hartford, CONNECTICUT 06103		
NAME OF SUBMITTER:	Joseph G. Fortner, Jr.		
Signature:	/Joseph G. Fortner, Jr./		
Date:	09/18/2006		

OP \$65.00 78651119

Total Attachments: 2

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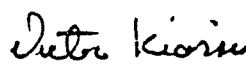
ARTICLES OF AMENDMENT

FILE FIRST

Domestic Limited Liability Company
Office of the Secretary of the State
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 03/01/2001

See reverse for instructions

Space F FILING #0002942924 PG 01 OF 01 VOL B-00773
FILED 06/21/2005 01:14 PM PAGE 02114
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

1. NAME OF LIMITED LIABILITY COMPANY: ShelterWorks Holdings LLC		
2. THE LIMITED LIABILITY COMPANY'S ARTICLES OF ORGANIZATION ARE (check A., B. or C.): <input checked="" type="checkbox"/> A. AMENDED <input type="checkbox"/> B. AMENDED AND RESTATED <input type="checkbox"/> C. RESTATED		
3. TEXT OF EACH AMENDMENT / RESTATEMENT: Article 1 is amended to read: "Name of the Limited Liability Company is ShelterLogic Holdings LLC"		
(Please reference an 8 1/2 X 11 attachment if additional space is needed)		
4. EXECUTION: Dated this <u>21st</u> day of <u>June</u> , 20 <u>05</u> .		
Victor Kiarsis	Manager and Member	
Print or type name of signatory	Capacity of signatory	Signature

STATE OF CONNECTICUT }
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office

In Testimony whereof, I have hereunto set my hand,
and affixed the Seal of said State, at Hartford,
this 29th day of August A.D. 2006



SECRETARY OF THE STATE *SB*