

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
Associates Underwriting Limited, L.L.C.		04/13/2006	LIMITED LIABILITY COMPANY: NEVADA

RECEIVING PARTY DATA

Name:	AUL, L.L.C.
Street Address:	1325 Imola Avenue West, Suite 318
City:	Napa
State/Country:	CALIFORNIA
Postal Code:	94559
Entity Type:	LIMITED LIABILITY COMPANY: NEVADA

PROPERTY NUMBERS Total: 11

Property Type	Number	Word Mark
Serial Number:	78674618	ANY MAKE ANY MODEL
Serial Number:	78881685	FACTORY COMPANION
Serial Number:	78881694	POWERTRAIN SELECT
Registration Number:	1902997	ANY YEAR AND ANY MILEAGE
Registration Number:	3041309	ANY YEAR ANY MILEAGE
Registration Number:	1903002	AUL
Registration Number:	2499529	AUL ADMINISTRATORS
Registration Number:	2792824	MONTICELLO ADJUSTING
Registration Number:	2389758	THE ORIGINAL ANY YEAR AND ANY MILEAGE #1 SERVICE CONTRACT IN AMERICA
Registration Number:	2468961	THE ORIGINAL ANY YEAR ANY MILEAGE #1 SERVICE CONTRACT IN AMERICA
Registration Number:	2531851	WE WROTE THE BOOK ON USED VEHICLE SERVICE CONTRACT PROGRAMS.

CH \$290.00 78674618

CORRESPONDENCE DATA

Fax Number: (212)446-4900
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 212-446-4800
Email: hsmith@kirkland.com
Correspondent Name: Hayley Smith, Kirkland & Ellis LLP
Address Line 1: 153 East 53rd Street
Address Line 4: New York, NEW YORK 10022

ATTORNEY DOCKET NUMBER:	11276-1 (NAME CHANGE)
NAME OF SUBMITTER:	Hayley Smith, Sr. Legal Assistant
Signature:	//Hayley Smith//
Date:	09/28/2006

Total Attachments: 13

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DEAN HELLER
Secretary of State

RENEE L. PARKER
Chief Deputy
Secretary of State

PAMELA RUCKEL
Deputy Secretary
for Southern Nevada

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

CHARLES E. MOORE
Securities Administrator

SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings

ELLYCK HSU
Deputy Secretary
for Elections

Certified Copy

September 20, 2006

Job Number: C20060919-2914
Reference Number: 00000992563-14
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
LLC6129-1996-001	Articles of Organization/Amendments	12 Pages/1 Copies



Respectfully,

Handwritten signature of Dean Heller.

DEAN HELLER
Secretary of State

By

Handwritten signature of the Certification Clerk.
Certification Clerk

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

TRADEMARK
REEL: 003398 FRAME: 0919

P.2/4

FILED
IN THE OFFICE OF THE
SECRETARY OF STATE OF THE
STATE OF NEVADA

MAR 18 1996

No. 6129-1996

Dean Heller
DEAN HELLER, SECRETARY OF STATE

**ARTICLES OF ORGANIZATION
OF
ASSOCIATES UNDERWRITING LIMITED L.L.C.**

These Articles of Organization of Associates Underwriting Limited L.L.C. (the "Company"), are being duly executed and filed by an authorized person, to form a limited liability company under chapter 86 of the Nevada General Corporation Law (NRS 86-161, et seq.).

1. The name of the Company is Associates Underwriting Limited L.L.C.
2. The latest date on which the company is to dissolve is December 31, 2025.
3. The Company has been formed for the purpose of developing and marketing automotive service contracts and any other lawful purpose, except banking or insurance.
4. The office where the records of the Company will be maintained as required by the Nevada Revised Statutes is: c/o Jerome Pearson, at 258 El Camino Verde, Henderson, Nevada.
5. The name and address of the Company's statutory agent is: The Corporation Trust Company of Nevada, One East First Street, Reno, Nevada 89503.
6. The Company may admit additional members upon the affirmative vote of a majority in interest of the existing members.
7. The Company may continue the business after the termination of any member upon the vote of a majority in interest of the existing members.
8. The management of the Company is vested in a manager. The name and address of the Manager of the Company is:

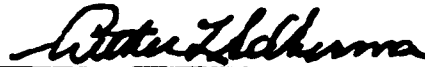
Luis Nieves
1325 Isola Avenue West, Suite 318
Napa, California 94553
9. The members may contract debts on behalf of the Company.

R E C E I V E D

MAR 18 1996

Y. J. J.
SECRETARY OF STATE

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of Associates Underwriting Limited L.L.C. this 15th day of March, 1996.



Arthur L. Silberman, Organizer
201 California Street, 17th Floor
San Francisco, CA 94111

The Corporation Trust Company of Nevada, having been designated to act as Statutory Agent, hereby consents to act in that capacity until removed or a resignation is submitted in accordance with the Nevada Revised Statutes.

Dated: 3/18/96

THE CORPORATION TRUST COMPANY
OF NEVADA

By: A. L. Silberman, atty. in law.

13967

Sum #

20124

FILED
IN THE OFFICE OF THE
SECRETARY OF STATE OF THE
STATE OF NEVADA

ARTICLES OF MERGER

OF

ASSOCIATES UNDERWRITING LIMITED,
California general partnership

INTO

ASSOCIATES UNDERWRITING LIMITED L.L.C.,
Nevada limited liability company

MAY 24 1996

12-4-96

DEAN TULLER SECRETARY OF STATE
Dean Tuller

FIRST: The name of the surviving entity is **Associates Underwriting Limited L.L.C.**, a limited liability company and the place of its organization is the jurisdiction of Nevada. The name and place of organization of the entity being merged into the surviving entity is **Associates Underwriting Limited**, a general partnership organized in the jurisdiction of California.

SECOND: An agreement of merger was adopted by each entity that is a party to this merger.

THIRD: The agreement of merger was adopted by **Associates Underwriting Limited** and by **Associates Underwriting Limited L.L.C.** by unanimous consent.

FOURTH: The complete executed agreement of merger is on file at the registered office of **Associates Underwriting Limited L.L.C.** which is located c/o Jerome Pearson, at 258 El Camino Verde, Henderson, Nevada, and a copy of the agreement will be furnished by **Associates Underwriting Limited L.L.C.**, on

request and without cost to any owner of any entity which is a party to this merger.

FIFTH: All entities party to this merger have complied with laws of the respective jurisdiction of organization concerning this merger.

Associates Underwriting Limited L.L.C., a Nevada Limited Liability Company

By: Luis A. Nieves
Luis A. Nieves, Managing Member

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 998

State of California
County of Napa

On 5-21-96 before me,
personally appeared Luis A. Nieves

Molly Dufficy Notary Public
TITLE OF OFFICER - ETC. - AND DOES NOTARY PUBLIC
Luis A. Nieves
NAME(S) OF SIGNER(S)

personally known to me - OR -

... I appeared to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal.

Molly Dufficy
SIGNATURE OF NOTARY

OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though public does not require the Notary to file in the data below, doing so may prove persuasive to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)
- TITLE(S)
- PARTNER(S) LIMITED GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER Managing member

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(ES)

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT

Though the data requested here is not required, it could prevent fraudulent reattachment of this to

OPTIONAL SECTION

TITLE OR TYPE OF DOCUMENT Articles of merger
NUMBER OF PAGES two DATE OF DOCUMENT none
SIGNER(S) OTHER THAN NAMED ABOVE none



DEAN HELLER
 Secretary of State
 204 North Carson Street, Suite 1
 Carson City, Nevada 89701-4299
 (775) 884 5708
 Website: secretaryofstate.biz

Entity #
LLC6129-1996
 Document Number:
20060235439-04

Date Filed:
 4/13/2006 3:45:20 PM
 In the office of

Dean Heller

Dean Heller
 Secretary of State

Certificate of Revival
 (PURSUANT TO NRS 86.580)
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Revival for a Nevada Limited-Liability Company
 (Pursuant to NRS 86.580)

1. Name of limited-liability company:

ASSOCIATES UNDERWRITING LIMITED, L.L.C.

2. Name and street address of limited-liability company's resident agent:

NATIONAL REGISTERED AGENTS, INC. OF NEVADA
 Name

1000 EAST WILLIAM STREET, SUITE 204 CARSON CITY NEVADA 89701
 Street Address City State Zip Code

1000 EAST WILLIAM STREET, SUITE 204 CARSON CITY NV 89701
 Mailing Address City State Zip Code

3. Date when revival of charter is to commence or be effective, which may be, before the date of the certificate: MARCH 31, 2000
 (month, day, year)

4. Indicate whether or not the revival is to be perpetual, and, if not perpetual, the time for which the revival is to continue. The limited-liability company's existence shall be:

PERPETUAL or _____
 (Time for which the revival is to continue)

This form must be accompanied by appropriate fees.

Nevada Secretary of State NM Revival 86.580 2003
 Revised on: 10/04/05



DEAN HELLER
 Secretary of State
 204 North Carson Street, Suite 1
 Carson City, Nevada 89701-4299
 (775) 684 5708
 Website: secretaryofstate.biz

Certificate of Revival
 (PURSUANT TO NRS 86.580)
Page 3

ABOVE SPACE IS FOR OFFICE USE ONLY

6. The undersigned declare that the limited-liability company desires to revive its charter and is, or has been, organized and carrying on the business authorized by its existing or original charter and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapter 86.

7. The undersigned declares that he has been designated or appointed by the members to sign this certificate. Furthermore, the execution and filing of this certificate has been approved and secured by the written consent of a majority of the members.

Signature

3/31/06

Date

A RESIDENT AGENT ACCEPTANCE MUST ACCOMPANY THIS CERTIFICATE

IMPORTANT: Failure to include any of the above information and submit the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State AM Revival 86.580 2003
 Revised Ch. 100405



DEAN HELLER
 Secretary of State
 206 North Carson Street
 Carson City, Nevada 89701-4299
 (775) 684 6708
 Website: secretaryofstate.biz

Entity #
LLC6129-1996
 Document Number:
20060235440-36

Date Filed:
 4/13/2006 3:45:20 PM
 In the office of

Dean Heller

Dean Heller
 Secretary of State

Name Consent or Release

Complete one only. Signature must be notarized.

Name Consent (if name is currently filed in Nevada)

I, A.U.L. Corp., hereby give consent
(current holder of name)

to Associates Underwriting Limited, L.L.C. to use the name
(recipient of name)

AUL, L.L.C.
(name being released)

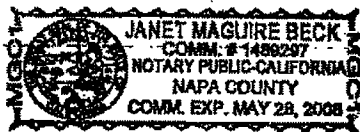
Name Release (if name is currently reserved in Nevada)

I, _____, hereby give consent
(current holder of name)

to _____ to use the name
(recipient of name)

(name being released)

Signed: *Tim Kelly*
(signature of current holder of name)



State of California

County of Napa

This document was acknowledged before me on April 12, 2006
(date)

By Tim Kelly
(name of person being notarized)

Janet Maguire Beck
(signature of notary public)



DEAN HELLER
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684 5708
 Website: secretaryofstate.biz

Entity #
LLC6129-1996
 Document Number:
20060235441-47

Date Filed:
 4/13/2006 3:45:20 PM
 In the office of

Dean Heller

Dean Heller
 Secretary of State

**Application for
 Reinstatement**

ABOVE SPACE IS FOR OFFICE USE ONLY

Important: form for use ONLY if old name is unavailable.

This application authorizes the office of the Secretary of State of Nevada to reinstate:

Associates Underwriting Limited, L.L.C.

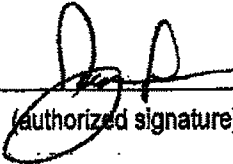
(old name)

under the name of:

AUL, L.L.C.

(new name)

This application is accompanied with the initial or annual list, the designation of the resident agent, and all fees and penalties.



 (authorized signature) *

- * If a corporation, this application shall be signed by an officer.
- If a limited-liability partnership, this application shall be signed by a managing partner.
- If a limited-liability company, this application shall be signed by a manager or a managing member.
- If a limited partnership, this application shall be signed by a general partner.

Nevada Secretary of State Form to Accompany Reinstatement 2006
 Revised on 10/17/05

ANNUAL LIST OF MANAGER OR MEMBERS AND RESIDENT AGENT OF

ASSOCIATES UNDERWRITING LIMITED, L.L.C.

(Name of Limited- Liability Company)

FOR THE FILING PERIOD OF **2000** TO **2007**

FILE NUMBER

Entity #
LLC6129-1996
Document Number:
20060235442-58

Date Filed:
4/13/2006 3:45:20 PM
In the office of

Dean Heller
Dean Heller
Secretary of State

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

NATIONAL REGISTERED AGENTS, INC. OF NEVADA
1000 EAST WILLIAM STREET
SUITE 204
CARSON CITY, NV 89701

A FORM TO CHANGE RESIDENT AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE: secretaryofstate.nv.gov

Important: Read instructions before completing and returning this form.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to resident agent.)

1. Print or type names and addresses, either residence or business, for all managers, or if none, its members. A Manager, or if none, a Managing Member of the company must sign the form.
2. **FORM WILL BE RETURNED IF UNSIGNED.**
3. If there are additional managers or members, attach a list of them to this form.
4. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
5. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-6708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE \$125.00 LATE PENALTY: \$75.00

NAME _____ (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
TONY CORALLO		<input checked="" type="checkbox"/> MANAGER	<input checked="" type="checkbox"/> MEMBER
ADDRESS	CITY	ST	ZIP
1325 IMOLA AVENUE WEST PMB 318	NAPA	CA	94559
NAME _____ (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
LUIS NIEVES		<input checked="" type="checkbox"/> MANAGER	<input checked="" type="checkbox"/> MEMBER
ADDRESS	CITY	ST	ZIP
1325 IMOLA AVENUE WEST PMB 318	NAPA	CA	94559
NAME _____ (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
TIM MAHER		<input checked="" type="checkbox"/> MANAGER	<input checked="" type="checkbox"/> MEMBER
ADDRESS	CITY	ST	ZIP
1325 IMOLA AVENUE WEST PMB 318	NAPA	CA	94559
NAME _____ (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER
ADDRESS	CITY	ST	ZIP
NAME _____ (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER
ADDRESS	CITY	ST	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 380.740 and acknowledge that pursuant to NRS 239.336, it is a category C entity to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

[Signature]
X Signature of Manager or Managing Member

Title **MANAGER MEMBER**

Date **3/31/2006**

Nevada Secretary of State Form ANNUAL LIST LLC 2003
Revised on 09/27/05



DEAN HELLER
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684 5705
 Website: secretaryofstate.biz

Entity #
LLC6129-1996
 Document Number:
20060235443-69

Certificate of Change of Resident Agent and/or Location of Registered Office

Date Filed:
 4/13/2006 3:45:20 PM
 In the office of

Dean Heller

Dean Heller
 Secretary of State

General instructions for this form:

1. Please print legibly or type; Black Ink Only.
2. Complete all fields.
3. The Physical Nevada address of the resident agent must be set forth; PMB's are not acceptable.
4. Ensure that document is signed in signature fields.
5. Include the filing fee of \$60.00.

ABOVE SPACE IS FOR OFFICE USE ONLY

ASSOCIATES UNDERWRITING LIMITED, L.L.C.
 Name of Entity

LLC6129-1996
 File Number

The change below is effective upon the filing of this document with the Secretary of State.

Reason for change: (check one) Change of Resident Agent Change of Location of Registered Office

The former resident agent and/or location of the registered office was:

Resident Agent: CORPORATION TRUST COMPANY OF NEVADA
 Street No.: ONE EAST STREET
 City, State, Zip: RENO, NV 89501

The resident agent and/or location of the registered office is changed to:

Resident Agent: NATIONAL REGISTERED AGENTS, INC. OF NEVADA
 Street No.: 1000 EAST WILLIAM STREET, SUITE 204
 City, State, Zip: CARSON CITY, NEVADA 89701

Optional Mailing Address:

NOTE: For an entity to file this certificate, the signature of one officer is required.

X *[Signature]* **MANAGING MEMBER**
 Signature/Title

Certificate of Acceptance of Appointment by Resident Agent

I hereby accept the appointment as Resident Agent for the above-named business entity.

X *Christ McQuinn* **Asst. Secy** 3/5/06
 Authorized Signature of R.A. or On Behalf of R.A. Company Date
National Registered Agents, Inc of NV
 This form must be accompanied by appropriate fees.

Nevada Secretary of State RA Change 2003
 Revised on 10/17/05