Form **15/0-1594** (Rev. 07/05) ollection 0651-0027 (exp. 6/30/20)

12-22-2006



103352970

U.S. DEPARTMENT OF COMMERCE

Jnited States Patent and Trademark Office

Reliant Bank, In Organization Additional names, addresses, or citizenship attached Name: Reliant Bank Internal Address: 1724 Carothers Parkway, Suite. City: Brentwood City: Brentwood State: TN Country: USA Zip: 37027 Additional names of conveying parties attached? Yes 7 No 3. Nature of conveyance)/Execution Date(s): Execution Date(s) January 9. 2006 Assignment Merger Citizenship Cooppration citizenship Citizenship Citizenship Citizenship Citizenship Citizenship Cooppration citizenship Cooppration citizenship Citizenshi	1. Name of conveying party(ies):	2. Name and address of receiving party(ies)
Internal Address:	• • • • • • • • • • • • • • • • • • • •	Additional names, addresses, or citizenship attached?
Individual(s)		Name: Reliant Bank
General Partnership Limited Partnership Street Address: 1724 Carothers Parkway, Suite City: Brentwood City: Brentwood City: Brentwood State: TN Country: USA Zip: 37027 Association Citizenship Citizenship General Partnership Citizenship General Partnership Citizenship General Partnership Citizenship Corporation Citizenship Ci	☐ Individual(s) ☐ Association	
Corporation- State: Tennessee City: Brentwood City: Brentwo		
Citizenship (see guidelines) Additional names of conveying parties attached?	· · ·	
Citizenship (see guidelines)	. 	City: Brentwood
Additional names of conveying parties attached?		State: TN
3. Nature of conveyance //Execution Date(s): Execution Date(s)		Country: USA ZIP: 37027
Execution Date(s) January 9, 2006 Assignment Merger Security Agreement Change of Name Other Other Other 4. Application number(s) or registration number(s) and identification or description of the Tradema A. Trademark Application No.(s) 78/623,062 Additional sheet(s) attached? Yes C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is un RELIANT BANK & Design 5. Name & address of party to whom correspondence concerning document should be mailed: Name: Mary Ellen Morris Internal Address: 1200 One Nashville Place City: Nashville Street Address: 150 Fourth Avenue North City: Nashville State: TN Zip: 37219-2433 Phone Number: 615-244-9270 Fax Number: 615-256-8197 Email Address: mmorris@millermartin.com Limited Partnership Citizenship Tennessee Other Cotitzenship Tennessee Other Citizenship Tennessee Designations must designation is attached: Yes Additional sheet(s) Attached: Yes Trademark Registration No.(s) Additional sheet(s) attached? Yes Faxilian No.(s) Additional sheet(s) attached? Yes C. Identification or description of the Tradema B. Trademark Registration No.(s) Additional sheet(s) attached? Yes Faxilian No.(s) Additional sheet(s) att	Additional names of conveying parties attached? Yes V	
Assignment	3. Nature of conveyance)/Execution Date(s) :	\
Assignment	Execution Date(s) January 9, 2006	Limited Partnership Citizenship
Security Agreement	☐ Assignment ☐ Merger	l <u> </u>
Other	<u> </u>	Other Citizenship
4. Application number(s) or registration number(s) and identification or description of the Tradema A. Trademark Application No.(s) 78/623,062 B. Trademark Registration No.(s) Additional sheet(s) attached? ve C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is un RELIANT BANK & Design 5. Name & address of party to whom correspondence concerning document should be mailed: Name: Mary Ellen Morris Internal Address: 1200 One Nashville Place Street Address: 150 Fourth Avenue North City: Nashville State: TN	•	representative designation is attached:
registrations involved: Name: Mary Ellen Morris Internal Address: 1200 One Nashville Place Street Address: 150 Fourth Avenue North City: Nashville State: TN Phone Number: 615-244-9270 Fax Number: 615-256-8197 Email Address: mmorris@millermartin.com 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.0 Authorized to be charged by credit card Authorized to be charged to deposit account account Number: a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number Authorized User Name	78/623,062	Additional sheet(s) attached? Yes
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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

SUPPORTING DOCUMENTATION FOR TRADEMARK CHANGE OF NAME DOCUMENTS IS

NO LONGER REQUIRED

UNDER THE

TRADEMARK LAW TREATY ACT

EFFECTIVE

OCTOBER 30, 1999

TRADEMARK REEL: 003456 FRAME: 0846

RECORDED: 12/18/2006