

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):**

Bank of America, N.A., fka Bank of America National Trust and Savings Association, as Agent

- Individual(s)                       Association  
 General Partnership               Limited Partnership  
 Corporation- State: \_\_\_\_\_  
 Other \_\_\_\_\_

Citizenship (see guidelines) USA

Additional names of conveying parties attached?  Yes  No

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

Additional names, addresses, or citizenship attached?  Yes  No

Name: White Cap Industries, Corp.

Internal

Address: \_\_\_\_\_

Street Address: 3120 Airway Avenue

City: Costa Mesa

State: California

Country: USA

Zip: 92626

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

**3. Nature of conveyance /Execution Date(s) :**

Execution Date(s) August 1, 2007

- Assignment                               Merger  
 Security Agreement                   Change of Name  
 Other Release of Trademark Security Agmt.

**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)

1478065

Additional sheet(s) attached?  Yes  No

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

WHITE CAP

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

Name: Joel Kabakoff

Internal Address: CA9-193-24-01

Street Address: Bank of America, N.A.

333 S. Hope Street, 24th Floor

City: Los Angeles

State: CA                                      Zip: 90071

Phone Number: 213.621.8714

Fax Number: 704.602.5871

Email Address: joel.kabakoff@bankofamerica.com

**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:**

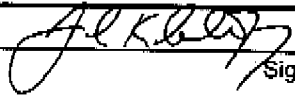
a. Credit Card    Last 4 Numbers 4428

Expiration Date 11/2007

b. Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

**9. Signature:**



Signature

August 1, 2007

Date

Joel Kabakoff

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 4

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 1478065

**RELEASE OF TRADEMARK COLLATERAL ASSIGNMENT  
AND SECURITY AGREEMENT**

Bank of America, N.A., formerly known as Bank of America National Trust and Savings Association, as Agent ("Secured Party"), hereby releases its security interest in the trademark WHITE CAP, United States Trademark Registration No. 0478065, recorded in the United States Patent and Trademark Office on October 30, 1997, at Reel/Frame 1650/0804.

BANK OF AMERICA, N.A., as Agent  
formerly known as Bank of America  
National Trust and Savings  
Association

By: 

Clara Y. Strand  
Title: Senior Vice President

Dated: August 1, 2007

### CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles } ss.

On August 1, 2007 before me, Joel Kabakoff, Notary Public  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
personally appeared Clara Y. Strand  
Name(s) of Signer(s)

Personally known to me  
 proved to me on the basis of satisfactory evidence



to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ 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~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

WITNESS my hand and official seal.

[Signature]  
Signature of Notary Public

#### OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

#### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

#### Capacity(ies) Claimed by Signer

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

