

10-31-2007

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

S. DEPARTMENT OF COMMERCE
States Patent and Trademark Office



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103457674

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):

PointBank, N.A.

- Individual(s)
- Association
- General Partnership
- Limited Partnership
- Corporation- State: _____
- Other Corporation National

Citizenship (see guidelines) USA

Additional names of conveying parties attached? Yes No

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

Execution Date(s) August 1, 2003

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other _____

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: PointBank

Internal Address: PO Box 278

Street Address: 200 S Highway 377

City: Pilot Point

State: TX

Country: USA Zip: 76258

Association Citizenship USA

General Partnership Citizenship _____

Limited Partnership Citizenship _____

Corporation Citizenship USA

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)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

2107386

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):

POINTBANK LOGO

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

Name: J. RAYMOND DAVID SR

Internal Address: PO BOX 278

Street Address: 200 S Highway 377

City: Pilot Point

State: TX Zip: 76258

Phone Number: 940-686-7000

Fax Number: 940-686-9326

Email Address: kchambers@pointbank.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 _____ Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

40.00 DP
00000003 2107386

9. Signature:

J. RAYMOND DAVID, SR - CEO

Name of Person Signing

10/24/2007

Date

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

10/30/2007 MICHAEL
01 FC: 151

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

ASSIGNMENT COVERSHEET

SUBMITTED WITHOUT

SUPPORTING DOCUMENTATION