

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	03/16/2005

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
The Provident Bank		03/04/2005	bank: OHIO

RECEIVING PARTY DATA

Name:	National City Bank
Street Address:	1900 E. Ninth Street
City:	Cleveland
State/Country:	OHIO
Postal Code:	44114
Entity Type:	bank: UNITED STATES

PROPERTY NUMBERS Total: 4

Property Type	Number	Word Mark
Registration Number:	1129743	CINCINNATI RECIPE
Registration Number:	1452360	CINCINNATI RECIPE
Registration Number:	1492490	HOOK & LADDER
Registration Number:	1971140	CINCINNATI RECIPE

CORRESPONDENCE DATA

Fax Number: (202)533-9099
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: (202) 467-8800
 Email: iplaw@vorys.com
 Correspondent Name: Cory M. Amron
 Address Line 1: P.O. Box 1008
 Address Line 2: iplaw@vorys.com
 Address Line 4: Columbus, OHIO 43216-1008

ATTORNEY DOCKET NUMBER:	058533-7PROVIDENTBKSKYTYM	TRADEMARK
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CH \$115.00 1129743

NAME OF SUBMITTER:	Joan C. Makley
Signature:	/Joan C. Makley/
Date:	11/29/2007

Total Attachments: 11
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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/01/2005	200515201906	MERGED OUT OF EXISTENCE (MEX)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

PAMELA J. GRANDON
77 S. HIGH ST., 21ST FL
COLUMBUS, OH 43215-6120

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

15540Z

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THE PROVIDENT BANK

and, that said business records show the filing and recording of:

Document(s)

MERGED OUT OF EXISTENCE

Document No(s)

200515201906



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 16th day of March, A.D.
2005.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1329 Columbus, OH 43216

CERTIFICATE OF MERGER
(For Domestic or Foreign, Profit or Non-Profit)
Filing Fee \$125.00
(154-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

National City Bank

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blank)

- Domestic (Ohio) For-Profit Corporation, charter number _____
- Domestic (Ohio) Non-Profit Corporation, charter number _____
- Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of _____ and licensed to transact business in the State of Ohio under license number _____
- Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of United States of America and NOT licensed to transact business in the state of Ohio,
- Domestic (Ohio) Limited Liability Company, with registration number _____
- Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of _____ and registered to do business in the State of Ohio under registration number _____
- Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of _____ and NOT registered to do business in the State of Ohio.
- Domestic (Ohio) Limited Partnership, with registration number _____
- Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____

VI. STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

(name) _____ (street) NOTE: P.O. Box Addresses are NOT acceptable. _____, Ohio _____ (city, village or township) _____ (zip code) _____

This form MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent _____

(The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

IX. AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.

Attachments are provided No Changes

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

(name) _____ (street) NOTE: P.O. Box Addresses are NOT acceptable. _____, Ohio _____ (city, village or township) _____ (zip code) _____

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.

B. The qualifying entity also states as follows: (Complete only if applicable)

1. Foreign Notice Under Section 1703.031

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)

(a.) The name of the Foreign Nationally/Federally chartered bank, savings bank, or savings and loan association is

(b.) The name(s) of any Trade Name(s) under which the corporation will conduct business:

(c.) The location of the main office (non-Ohio) shall be:

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

(city, township, or village) (county) (state) (zip code)

(d.) The principal office location in the state of Ohio shall be:

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

(city, township, or village) (county) Ohio (state) (zip code)

(Please note, if there will not be an office in the state of Ohio, please list none.)

(e.) The corporation will exercise the following purpose(s) in the state of Ohio:
(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)

2. Foreign Qualifying Limited Liability Company

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

(a.) The name of the limited liability company in its state of organization/registration is

(b.) The name under which the limited liability company desires to transact business in Ohio is

(c.) The limited liability company was organized or registered on _____
under the laws of the state/country of _____

(d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

(city, township, or village) (state) (zip code)

3. Foreign Qualifying Limited Partnership

(If the qualifying entity is a foreign limited partnership, the following information must be completed).

(a.) The name of the limited partnership is

(b.) The limited partnership was formed on _____

(c.) The address of the office of the limited partnership in its state/country of organization is:

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

(city, township, or village) (county) (state) (zip code)

(d.) The limited partnership's principal office address is:

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

(city, township, or village) (county) (state) (zip code)

(e.) The names and business or residence addresses of the General partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

(f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

(city, township, or village) (county) (state) (zip code)

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

4. Foreign Qualifying Partnership Having Limited Liability

(a.) The name of the partnership shall be

(b.) Please complete the following appropriate section (either item b(1) or b(2)):

(1.) The address of the partnership's principal office in Ohio is:

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

_____, Ohio _____
(city, village or township) (zip code)

(If the partnership does not have a principal office in Ohio, then items b2 must be completed)

(2.) The address of the partnership's principal office (Non-Ohio):

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

_____, _____, _____
(city, township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

(name)

(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

_____, Ohio _____
(city, village or township) (zip code)

(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

(e.) The business which the partnership engages in is:

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

The Provident Bank
(Exact name of entity)

National City Bank
(Exact name of entity)

By: Thomas A. Plat

By: [Signature]

Its: Asst. Secretary

Its: Asst. Secretary

Date: 3-4-05

Date: 3-4-05

(Exact name of entity)

(Exact name of entity)

By: _____

By: _____

Its: _____

Its: _____

Date: _____

Date: _____

(Exact name of entity)

(Exact name of entity)

By: _____

By: _____

Its: _____

Its: _____

Date: _____

Date: _____

(Exact name of entity)

(Exact name of entity)

By: _____

By: _____

Its: _____

Its: _____

Date: _____

Date: _____

(Exact name of entity)

(Exact name of entity)

By: _____

By: _____

Its: _____

Its: _____

Date: _____

Date: _____


**STATE OF OHIO
DEPARTMENT OF COMMERCE
DIVISION OF FINANCIAL INSTITUTIONS**

THIS IS TO CERTIFY THAT The Provident Bank, Cincinnati, Ohio, merged with and into National City Bank, Cleveland Ohio, in accordance with the laws of this state and the United States, as set forth in the attached certificate of merger and certification by the Office of the Comptroller of the Currency.

IN WITNESS WHEREOF, we have hereunto set our hands this 15th day of March, 2005.



Michael O. Roark
Deputy Superintendent for Banks



F. Scott O'Donnell
Superintendent of Financial Institutions

Complete the information in this section if box (1), (2) or (3) is checked.

STATE OF OHIO

County of Cuyahoga :SS

Thomas A. Plant, being first duly sworn, deposes and says that she/he is
Asst. Secretary of The Provident Bank

that this affidavit is made in compliance with section 1701.86 of the ORC:
(Section #)

That said corporation has. (Check one of the following)

- A. has no personal property in any county in the State of Ohio:
- B. personal property only in the following county(ies)

Hamilton

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: [Handwritten Signature]

Name: Thomas A Plant

Sworn before me and subscribed in my presence on 3-8-05
(Date)

[Handwritten Signature]
(Notary Public)

SUSAN J. CRAMER
Notary Public, State of Ohio, Cuy. Cty.
My commission expires Jan. 31, 2010

(Notary Seal)

Commission Expires 1/31/2010
(Date)

Complete the information in this section if box (1), (2) or (3) is checked.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (1701.86(H)(6) ORC)

The Provident Bank
(Exact Name of Corporation)

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of Section 1701.95 of the ORC.

AGENCY DATE NOTIFIED
Ohio Department of Taxation
Dissolution Section 3-8-05
Box 182382
Columbus, Ohio 43218-2382

Ohio Job and Family Services
Status & Liability Section 3-8-05
P.O. 182404
Columbus, Ohio 43218-2404

The treasurer of any County named below:

Hamilton County Treasurer 3-8-05

Ohio Bureau of Workers' Compensation
30 W. Spring Street 3-8-05
Columbus, Ohio 43215

(Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation.)

By: Thomas A. Plant Title: S.V.P. Secretary

Name: Thomas A. Plant
1900 E. Ninth Street

(Street) NOTE: P.O. Box Addresses are NOT acceptable.
Cleveland Ohio 44114
(City) (State) (Zip Code)

Sworn before me and subscribed in my presence on 3-8-2005
(Date)

Susan J. Cramer
(Notary Public)

(Notary Seal)

Commission Expires 01/31/2010 SUSAN J. CRAMER
(Date) Notary Public, State of Ohio, Cuy. Cty.
My commission expires Jan. 31, 2010