

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Addendum to Security Interest Agreement		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Gourmet Gram International, Inc.		02/01/2009	CORPORATION: ILLINOIS
RECEIVING PARTY DATA			
Name:	North Shore Community Bank & Trust Company		
Street Address:	1145 Wilmette Avenue		
City:	Wilmette		
State/Country:	ILLINOIS		
Postal Code:	60091		
Entity Type:	CORPORATION: ILLINOIS		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3148000	LOBSTER GRAM	
Registration Number:	2303480	LOBSTER GRAM	
Registration Number:	1502614	LOBSTER GRAM	
CORRESPONDENCE DATA			
Fax Number:	(312)704-3001		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	312-704-3845		
Email:	trademarks@hinshawlaw.com		
Correspondent Name:	Max Kanter		
Address Line 1:	Hinshaw & Culbertson LLP		
Address Line 2:	222 N. LaSalle Street, Suite 300		
Address Line 4:	Chicago, ILLINOIS 60601-1081		
ATTORNEY DOCKET NUMBER:	895003		
NAME OF SUBMITTER:	Max Kanter		

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Signature:

/max kanter/

Date:

02/23/2009

Total Attachments: 1

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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] MAX KANTER (312) 704-3000
B. SEND ACKNOWLEDGMENT TO: (Name and Address) HINSHAW & CULBERTSON LLP 222 N. LASALLE STREET, SUITE 300 CHICAGO, IL 60601 ATTN: MAX J. KANTER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 11185290	7/26/2006	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>
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2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. **DELETE** name: Give record name to be deleted in item 6a or 6b. **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME				
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME				
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

SEE COLLATERAL DESCRIBED ON THE TWO (2) ADDENDUMS ATTACHED HERETO AND MADE A PART HEREOF.

THIS AMENDMENT IS INTENDED TO BE A SUPPLEMENT TO THE FORMER FILING NUMBER 11185290, AND NOT IN DEROGATION THEREOF.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment

9a. ORGANIZATION'S NAME NORTH SHORE COMMUNITY BANK & TRUST COMPANY				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**
FILE WITH IL S.O.S. Filer Document number 6408988