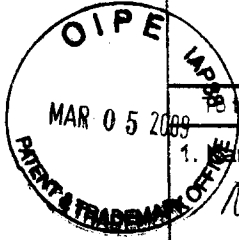


03-10-2009



RE

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ments or the new address(es) below.

1. Name of conveying party(ies):

NATIONAL CITY BANK

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) 7-14-2006

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

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: IOWA GLASS DEPOT INC

Internal

Address: _____

Street Address: 4150 C ST SW

City: CEDAR RAPIDS

State: IA

Country: United States Zip: 52404

Association Citizenship _____

General Partnership Citizenship _____

Limited Partnership Citizenship _____

Corporation Citizenship IOWA

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)

B. Trademark Registration No.(s)

2289689

Additional sheet(s) attached? Yes No

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

Serial # 7546952 Filing Date 4-13-98 Reg # 2289689

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

Name: NATIONAL CITY BANK

Internal Address: Locator 01-7160

Street Address: 6750 Miller Road

City: Brecksville

State: OHIO Zip: 44141

Phone Number: 440-546-7370

Fax Number: 440-546-7352

Email Address: _____

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ _____

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number: _____

Authorized User Name: _____

9. Signature:

Pamela Hudgins

Signature

3-3-09

Date

PAMELA HUDGINS

Name of Person Signing

Total number of pages including cover sheet, attachments, and document 3

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

TRADEMARK

REEL: 003951 FRAME: 0024

Termination of ASSIGNMENT OF TRADEMARKS

KNOW ALL MEN BY THESE PRESENTS that NATIONAL CITY BANK SUCCESSOR BY MERGER WITH NATIONAL CITY BANK OF THE MIDWEST holder of a certain ASSIGNMENT OF TRADEMARKS, whose parties, dates and recording information are below, does hereby acknowledge that it has received full payment and satisfaction of the same, and in consideration thereof, does hereby cancel and discharge said ASSIGNMENT OF TRADEMARKS.

Original Grantor: IOWA GLASS DEPOT AND EACH OF ITS SUBSIDIARIES LISTED: IGO INDUSTRIES, INC. PRECISION REPLACEMENT PARTS CORPORATION, AUTO GLASS COMPONENTS, INC. KD INDUSTRIES, INC.
Original Grantee: NATIONAL CITY BANK SUCCESSOR BY MERGER WITH NATIONAL CITY BANK OF THE MIDWEST

Filing Date: 04/13/1998 **Registration Number:** 2289689 **Registration Date:** 10/26/1999

Entity Type: Corporation **Citizenship:** Iowa

IN WITNESS WHEREOF, NATIONAL CITY BANK SUCCESSOR BY MERGER WITH NATIONAL CITY BANK OF THE MIDWEST, by the officer duly authorized, has duly executed as a free act and deed the foregoing **Serial # 75466952**

NATIONAL CITY BANK SUCCESSOR BY MERGER WITH NATIONAL CITY BANK OF THE MIDWEST

By: Willie Mae Williamson
Willie Mae Williamson, Authorized Signer

State of Ohio
County of Cuyahoga

On 10/16/2008, before me, a Notary Public in and for in the State of Ohio, personally appeared Robin Lewis, Authorized Signer of NATIONAL CITY BANK SUCCESSOR BY MERGER WITH NATIONAL CITY BANK OF THE MIDWEST, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to within the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



(This area for Notarial Seal)

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Prepared By: Arlene Albrecht

Arlene Albrecht
National City Bank
6750 Miller Rd.
Brecksville, OH 44141

WITNESS my hand and official seal,
B. Albrecht

When Recorded Return to: Property Owners Address:
National City Bank - 01-7160
6750 Miller Rd.
Brecksville, OH 44141

NCB Tracking ID: 23857 / 50144 66293