

NIKOLAI & MERSEREAU, P.A.
ATTORNEYS AT LAW

August 7, 2009

RECORDATION FORM COVER SHEET

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OUR FILE NO. 990502

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To the Honorable Commissioner of Patents and Trademarks. Please record the attached original document or copy thereof.

1. Name of Party(ies) conveying an interest:
National Carpet Equipment, Inc.

- Individual(s) citizenship _____
- General Partnership _____
- Corporation-State of Minnesota
- Association _____
- Limited Partnership _____
- Other _____

2. Name and Address of Party(ies) receiving an interest:

Name: National Flooring Equipment, Inc.
Street Address: 9250 Xylon Avenue North
City: Minneapolis
State: Minnesota Zip: 55445

- Individual(s) citizenship _____
- Association _____
- General Partnership _____
- Limited Partnership _____
- Corporation-State of Minnesota
- Other _____

If assignee is not domiciled in the United States, a domestic representative designated is attached: Yes No
(Designation must be a separate document from Assignment)

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August 7, 2009
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3. Nature of Conveyance:

<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Merger
<input type="checkbox"/>	Security Agreement	<input checked="" type="checkbox"/>	Change of Name
<input type="checkbox"/>	Other _____		

Execution Date: July 21, 2009

4. Application number(s) or registration number(s):

- A. Trademark Application No. (s)
- B. Trademark Registration No. (s) 2,385,772

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

Name: James T. Nikolai, Esq.
 NIKOLAI & MERSEREAU, P.A.
 Street Address: 900 Second Avenue South, #820
 City: Minneapolis State: MN Zip: 55402-3325

6. Number of applications and registrations involved: One

7. Total Fee (37 CFR 3.41): \$40.00
 A check is enclosed.

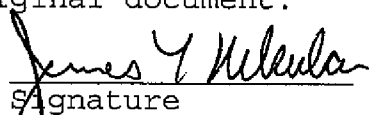
8. The Commissioner is authorized to charge any fees or refund any overpayment under 37 CFR 2.6 which may be required by this paper to Deposit Account No. 08-1265.

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

James T. Nikolai
Name of Person Signing


Signature

Date: August 7, 2009

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

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STATE OF MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

- 1. Type or print in black ink.
2. There is a \$35.00 fee payable to the MN Secretary of State,
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

National Carpet Equipment, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE I Name

The name of the Corporation is: National Flooring Equipment, Inc.

STATE OF MINNESOTA DEPARTMENT OF STATE FILED JUL 21 2009 Mark Ritchie Secretary of State

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

Clifford L Olson

(Signature of Authorized Person)

Name and telephone number of contact person: Clifford L. Olson 763-535-8206 Please print legibly Phone Number

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services Retirement Systems of Minnesota Building 60 Empire Drive, Suite 100 St Paul, MN 55103 (Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us, or contact us between 9:00am to 4:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-6767.

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.

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