

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	RELEASE OF ASSIGNMENT FOR SECURITY OF TRADEMARKS		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
WELLS FARGO BANK, N.A.		08/31/2009	National Banking Association: UNITED STATES
RECEIVING PARTY DATA			
Name:	CLP RESOURCES, INC.		
Street Address:	10539 Professional Circle, Suite 200		
City:	Reno		
State/Country:	NEVADA		
Postal Code:	89521		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	2313739	CLP	
Registration Number:	2315988	CLP	
CORRESPONDENCE DATA			
Fax Number:	(949)720-0182		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Email:	trademark@buchalter.com		
Correspondent Name:	Sandra P. Thompson		
Address Line 1:	18400 Von Karman Avenue, Suite 800		
Address Line 4:	Irvine, CALIFORNIA 92612		
ATTORNEY DOCKET NUMBER:	F6384-1303		
NAME OF SUBMITTER:	Sandra P. Thompson		
Signature:	/spt/		
Date:	09/17/2009		

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TRADEMARK
REEL: 004063 FRAME: 0617

Total Attachments: 3

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RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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): Wells Fargo Bank, N.A. <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation- State: _____ <input checked="" type="checkbox"/> Other <u>National Banking Association</u> Citizenship (see guidelines) <u>USA</u> Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) <input type="checkbox"/> Yes Additional names, addresses, or citizenship attached? <input checked="" type="checkbox"/> No Name: <u>CLP Resources, Inc.</u> Internal Address: _____ Street Address: <u>10539 Professional Circle, Suite 200</u> City: <u>Reno</u> State: <u>Nevada</u> Country: <u>USA</u> Zip: <u>89521</u> <input type="checkbox"/> Association Citizenship _____ <input type="checkbox"/> General Partnership Citizenship _____ <input type="checkbox"/> Limited Partnership Citizenship _____ <input checked="" type="checkbox"/> Corporation Citizenship <u>Delaware</u> <input type="checkbox"/> Other _____ Citizenship _____ If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment)
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3. Nature of conveyance /Execution Date(s) : Execution Date(s) <u>August 31, 2009</u> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Release and Reassignment of TMKs</u>	
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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)
<u>2,313,739 2,315,988</u>
Additional sheet(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

5. Name & address of party to whom correspondence concerning document should be mailed: Name: <u>Sandra P. Thompson</u> Internal Address: _____ Street Address: <u>18400 Von Karman Avenue</u> <u>Suite 800</u> City: <u>Irvine</u> State: <u>California</u> Zip: <u>92612</u> Phone Number: <u>(949) 224-6282</u> Fax Number: <u>(949) 720-0182</u> Email Address: <u>trademark@buchalter.com</u>	6. Total number of applications and registrations involved: 2 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ <u>65.00</u> <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed 8. Payment Information: Deposit Account Number <u>500977</u> Authorized User Name <u>Buchalter Nemer</u>
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9. Signature:  _____ Signature Sandra P. Thompson Name of Person Signing	September 17, 2009 Date Total number of pages including cover sheet, attachments, and document: 3
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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

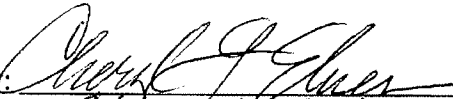
RELEASE OF ASSIGNMENT FOR SECURITY OF TRADEMARKS

THIS RELEASE is made as of this 31st day of August, 2009, by WELLS FARGO BANK, NATIONAL ASSOCIATION, a national banking association ("Wells") in favor of CLP RESOURCES, INC., a Delaware corporation ("CLP").

FOR GOOD AND VALUABLE CONSIDERATION, the receipt and adequacy of which are hereby acknowledged, Wells hereby unconditionally and expressly releases, terminates, and extinguishes any and all of its right, title and interest in and to any and all liens and security interests it may have upon the trademark listed on Schedule A attached hereto and made a part hereof, which liens and security interests were established under and pursuant to an assignment executed December 13, 2005, by CLP in favor of Wells.

This Release shall be binding upon Wells' legal representatives, assigns and successors.

WELLS FARGO BANK, NATIONAL
ASSOCIATION, a national banking
association

By: 
Name: CHERYL L. EBNER
Title: VICE PRESIDENT

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SCHEDULE A

MARK	REGISTRATION NUMBER	DATE
CLP	2313739	02/01/00
CLP	2315988	02/08/00