

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):

Associated Wholesale Grocers, Inc.

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) March 26, 2004

- Assignment Merger
 Security Agreement Change of Name
 Other _____

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Associated Wholesale Grocers, Inc.

Internal _____

Address: _____

Street Address: 5000 Kansas Avenue

City: Kansas City

State: Kansas

Country: USA Zip: 66106

- Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship Kansas
 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)

1612418

Additional sheet(s) attached? Yes No

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

COUNTRY MART and Design

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

Name: Lawrence A. Swain

Internal Address: Polsinelli Shughart PC

Street Address: 6201 College Boulevard, Suite 500

City: Overland Park

State: Kansas Zip: 66211

Phone Number: 913-234-7526

Fax Number: 913-273-1882

Email Address: lswain@polsinelli.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40.00

- Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

Deposit Account Number 501662

Authorized User Name Polsinelli Shalton et al

9. Signature:



Signature

12-21-09

Date

Lawrence A. Swain

Name of Person Signing

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

2

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 22313-1460

TRADEMARK

REEL: 004120 FRAME: 0660

700425563

CH \$40.00 501662 1612418

STATE OF KANSAS

OFFICE OF
SECRETARY OF STATE
RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the State of Kansas, do hereby certify that I am the custodian of records of the state of Kansas relating to corporations, and that I am the proper official to execute this certificate.

I FURTHER CERTIFY that ASSOCIATED WHOLESALE GROCERS II, INC. is a regularly and properly organized corporation under the laws of the state of Kansas, having been incorporated in Kansas on the 11th day of March, A.D. 2004.

I FURTHER CERTIFY that a certificate of merger was filed in this office March 26, 2004 merging ASSOCIATED WHOLESALE GROCERS, INC., a qualified Missouri corporation into ASSOCIATED WHOLESALE GROCERS II, INC., and therefore changing the corporate name to ASSOCIATED WHOLESALE GROCERS, INC.

I DO FURTHER CERTIFY that ASSOCIATED WHOLESALE GROCERS, INC. has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State



In testimony whereof:
I hereto set my hand and cause
to be affixed official seal. Done at
the city of Topeka, this 29th day of
March, A.D. 2004

RON THORNBURGH
SECRETARY OF STATE

TRADEMARK