TRADEMARK ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Certificate of Amendment Changing Name

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Delta Sanitation of Mississippi, LLC		08/04/2009	LIMITED LIABILITY COMPANY: MISSISSIPPI

RECEIVING PARTY DATA

Name:	Delta Sanitation, LLC
Street Address:	4205 Beasley Road
City:	Gautier
State/Country:	MISSISSIPPI
Postal Code:	39553
Entity Type:	LIMITED LIABILITY COMPANY: MISSISSIPPI

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	3710809	DELTA SANITATION

CORRESPONDENCE DATA

Fax Number: (734)930-2494
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 734-761-3780
Email: asujek@bodmanllp.com
Correspondent Name: Angela Alvarez Sujek - Bodman LLP
Address Line 1: 201 South Division, Ste 400
Address Line 4: Ann Arbor, MICHIGAN 48104

NAME OF SUBMITTER:	Angela Alvarez Sujek
Signature:	/Angela Alvarez Sujek/
Date:	01/07/2010

Total Attachments: 2

OP $40.00 3710809

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Business ID: 733531
Date Filed: 08/04/2009 12:00 PM
C. Delbert Hosemann, Jr.
Secretary of State

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333

Certificate of Amendment

The undersigned corporation, pursuant to Senate Bill No. 2395, Chapter 402, Laws of 1994, hereby executes the following Certificate of Amendment and sets forth:

1. Name of the Limited Liability Company

DELTA SANITATION OF MISSISSIPPI, LLC

2. The future effective date is (Complete if applicable) N/A

3. The amendment to the certificate is as follows

The limited liability company's name has been changed to:

DELTA SANITATION, LLC

By: Signature (Please keep writing within blocks)

Printed Name Wallace W. Carter Title Manager

Street and Mailing Address

Physical Address 4205 Beasley Road

P.O. Box

City, State, ZIP5, ZIP4 Gautier MS 39553 -

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333
Certificate of Amendment

By: Signature (Please keep writing within blocks)

Printed Name Title

Street and Mailing Address

Physical Address

P.O. Box

City, State, ZIP5, ZIP4 -

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