# 0.00 325/685

### TRADEMARK ASSIGNMENT

# Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	UCC FINANCING STATEMENT		

### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Fate Clothing, Inc.		07/17/2006	CORPORATION: COLORADO

### **RECEIVING PARTY DATA**

Name:	Compass Bank	
Street Address:	999 18th Street	
Internal Address:	Suite 2800	
City:	Denver	
State/Country:	COLORADO	
Postal Code:	80202	
Entity Type:	state Banking Corporation: ALABAMA	

### PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	3257685	FATE

### **CORRESPONDENCE DATA**

Fax Number: (303)607-3600

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 303-607-3500

Email: trademarkdnvr@faegre.com
Correspondent Name: Jennifer Daniel Collins
Address Line 1: 1700 Lincoln Street
Address Line 2: 3200 Wells Fargo Center

Address Line 4: Denver, COLORADO 80203-4532

ATTORNEY DOCKET NUMBER:	84700-387291		
NAME OF SUBMITTER:	Jennifer Daniel Collins		
Signature:	/Jennifer Daniel Collins/		
Signature:	/Jennifer Daniel Collins/		

TRADEMARK REEL: 004261 FRAME: 0043

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Date:	08/13/2010
Total Attachments: 1 source=UCC Financing Statement#page1.ti	f

TRADEMARK REEL: 004261 FRAME: 0044

## UCC FINANCING STATEMENT

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A. NAME & PHONE OF CONTACT (optional)				an image that was cu No such paper docu	MOIICE: This "image" is merely a display of information that was filed electronically. It is no an image that was created by optically scanning a paper document. No such paper document was filed. Consequently, no copy of a paper document is available regarding this filing.			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			Questions? Contact	the Busine	ess Division.	tary of State's web site.		
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. DEB	TOR'S EXACT FULL LEGAL NA	ME - insert only <u>one</u> debi	or name (1a or 1b) - do not abbreviate o	or combine names				
	1a. ORGANIZATION'S NAME		* * * * * * * * * * * * * * * * * * * *					
OR ·	FATE CLOTHING, INC.			·				
	15, INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE N	AME	SUFFIX	
lc. MA	IUNG ADDRESS 3100 CA	RBON PL		CITY	STATE	POSTAL CODE	COUNTRY	
	UNIT 102			BOULDER	co	80301		
	XID#: SSN OR EIN	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	11. JURISDICTION OF ORGANIZAT	ION	1g. ORGANIZATION	VAL ID#, if any	
	ONAL:NOT REQUIRED)	ORGANIZATION DEBTOR	CORPORATION	со		19961103373	_J NONE	
1		LL LEGAL NAME - inser	only <u>one</u> debior name (2a or 2b) - do n	ot abbreviate or combine names				
on.	28. ORGANIZATION'S NAME							
	26. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE N	AME SUFFIX		
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY		
2d. TAX ID#: SSN OR EIN ADD'L INFO RE 2e, TYPE OF ORGANIZATION (OPTIONAL:NOT REQUIRED) ORGANIZATION IDEBTOR		21. JURISDICTION OF ORGANIZAT	ION	2g. ORGANIZATION	NALID#, if any			
SEC	URED PARTY'S NAME (or NAM	<u> </u>	of ASSIGNOR S/P) - insert only one se	cured party name (3a or 3b)		<u> </u>		
1	38. ORGANIZATION'S NAME COMPASS BANK	70						
	36. INDIVIDUAL'S LAST NAME		· · · · · · · · · · · · · · · · · · ·	FIRST NAME MIDDLE NAME		SUFFIX		
c MA	LING ADDRESS 999 18TH	STREET		CITY	STATE	POSTAL CODE	COUNTRY	
	SUITE 28	00		DENVER	co	80202		
iener I I	FOREGOING IS OWNED N SUBSTITUTIONS RELATIN	EL PAPER, ACCOUNT OW OR ACQUIRED L IG TO ANY OF THE F EDS RELATING TO A	TS, EQUIPMENT AND GENERAL ATER; ALL ACCESSIONS, ADD OREGOING; ALL RECORDS OF	INTANGIBLES; WHETHER ANY O ITIONS, REPLACEMENTS, AND ANY KIND RELATING TO ANY OF UDING INSURANCE, GENERAL IN	THE			
					VED ID ACUE	EN LES MONTIGO EN		
5. ALTE	ERNATIVE DESIGNATION (if ap	plicable): 🗆 LESSEE/LE	SSOR CONSIGNEE/CONSIGNOR	i di Bailee/Bailor di Seller/Bu'	TELL TO VOICE	IN LINON-OCC FILE	NG	
	ERNATIVE DESIGNATION (if ap This FINANCING STATEMEN' ESTATE RECORDS			7. Check to REQUEST SEARCH RE		btor(s) (Optional)	NG  ☐ Debtor 2	

TRADEMARK REEL: 004261 FRAME: 0045

NATIONAL UCC FINANCING STATEMENT (FORM UCC1) - COLORADO (REV 7/16/2001)

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