

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
United Storeowners Association of Baby Stores, LLC		12/08/2010	LIMITED LIABILITY COMPANY: ILLINOIS
RECEIVING PARTY DATA			
Name:	Commerce Capital, LP		
Street Address:	5115 Maryland Way		
Internal Address:	Suite 304		
City:	Brentwood		
State/Country:	TENNESSEE		
Postal Code:	37027		
Entity Type:	LIMITED PARTNERSHIP: TENNESSEE		
PROPERTY NUMBERS Total: 7			
Property Type	Number	Word Mark	
Registration Number:	1498176	USA BABY	
Registration Number:	1634474	THE BABY'S ROOM	
Registration Number:	2443615	THE BABY'S ROOM	
Registration Number:	2474811	CHILD SPACE	
Registration Number:	2472684	CHILD SPACE	
Registration Number:	2692465	USA BABY	
Registration Number:	3031990	THE BABY'S ROOM	
CORRESPONDENCE DATA			
Fax Number:	(312)372-2389		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	3123721947		
Email:	sgulizia@lksu.com		
Correspondent Name:	Stephanie J. Gulizia		

OP \$190.00 1498176

Address Line 1: 300 South Wacker Drive, Ste 500
Address Line 4: Chicago, ILLINOIS 60606

NAME OF SUBMITTER:	Stephanie J. Gulizia
Signature:	/Stephanie J. Gulizia/
Date:	12/08/2010
Total Attachments: 1 source=United Storeowners-Commerce UCC3#page1.tif	



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

RECEIVED
IL SECRETARY OF STATE
UNIFORM COMMERCIAL CODE

12/08/10 08:56

\$0.00 Electronic

01754638

TM

A. NAME & PHONE OF CONTACT AT FILER [optional]
STEPHANIE GULIZIA 312-927-4242
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
STEPHANIE GULIZIA
LAWRENCE, KAMIN, SAUNDERS & UHLENHOP
300 S. WACKER DRIVE, SUITE 500
CHICAGO, IL, 60606

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
15441224
1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. [X] TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. [] CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. [] ASSIGNMENT (Full or Partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects [] Debtor or [] Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
[] CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.
[] DELETE name: Give record name to be deleted in item 6a or 6b.
[] ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:
6a. ORGANIZATION'S NAME
OR
6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:
7a. ORGANIZATION'S NAME
OR
7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any [] NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral [] deleted or [] added, or give entire [] restated collateral description, or describe collateral [] assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here [X] and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
UNITED STOREOWNERS ASSOCIATION OF BABY STORES INC
OR
9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
USA BABY