



NIKOLAI & MERSEREAU, P.A.
ATTORNEYS AT LAW

March 4, 2011

RECORDATION FORM COVER SHEET

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OUR FILE NOS. 20061098, 20061097, 20100510

Mail Stop Assignment Recordation Services
Director of the U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

To the Honorable Commissioner of Patents and Trademarks. Please record the attached original document or copy thereof.

1. Name of Party(ies) conveying an interest:
Energy Efficiency Programs, Inc.

- Individual(s) citizenship _____
- General Partnership _____
- Corporation-State of Minnesota
- Association _____
- Limited Partnership _____
- Other _____

2. Name and Address of Party(ies) receiving an interest:
Name: Class 5, Inc.
Street Address: 1750 Commerce Court
City: White Bear Lake
State: Minnesota Zip: 55110

- Individual(s) citizenship _____
- Association _____
- General Partnership _____
- Limited Partnership _____
- Corporation-State of Minnesota
- Other _____

If assignee is not domiciled in the United States, a domestic representative designated is attached: Yes No
(Designation must be a separate document from Assignment)

3. Nature of Conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: February 9, 2011

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March 4, 2011
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4. Application number(s) or registration number(s):
A. Trademark Application No.(s) 85/169,300; 76/669,668
B. Trademark Registration No.(s) 3,361,045
5. Name and address of party of whom correspondence concerning document should be mailed:
Name: James T. Nikolai, Esq.
NIKOLAI & MERSEREAU, P.A.
Street Address: 900 Second Avenue South, #820
City: Minneapolis State: MN Zip: 55402-3325
6. Number of applications and registrations involved: 3
7. Total Fee (37 CFR 3.41): \$90.00
8. The Commissioner is authorized to charge any fees or refund any overpayment under 37 CFR 2.6 which may be required by this paper to Deposit Account No. 08-1265.

DO NOT USE THIS SPACE

9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

James T. Nikolai
Name of Person Signing

James T. Nikolai
Signature

Date: March 7, 2011

Total number of pages including cover sheet, attachments and document: 4

2806225-2



DC-CW



STATE OF MINNESOTA SECRETARY OF STATE
AMENDMENT OF ARTICLES OF INCORPORATION

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

- 1. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Secretary of State.
2. There is a \$35.00 fee payable to the MN Secretary of State,
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

Energy Efficiency Programs, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.

ARTICLE I.

The name of this corporation is changed from Energy Efficiency Programs, Inc. to CLASS 5, Inc.

This amendment has been approved pursuant to Minnesota Statutes, Chapter 302A or 317A.

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

[Handwritten signature of Joseph W. Hallberg]
Signature of Authorized Person or Authorized Agent

Name and telephone number of contact person: Joseph W. Hallberg 651/748-4360
Please Print Legibly Phone Number

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

[Handwritten initials] FEB 09 2011

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us, or contact us between 9:00am to 4:00pm Monday through Friday at (651) 296-2803 or toll free 1-877-551-6767.
[Handwritten signature of Mark Ritchie]
Secretary of State

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.



AW-C



MINNESOTA SECRETARY OF STATE REQUEST FOR CANCELLATION OF ASSUMED NAME

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

CLASS 5

Assumed Name

3945712-3

File Number

August 12, 2010

Filing Date

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Partner(s) or an Authorized Agent:

[Handwritten Signature]

Print Name: Energy Efficiency Programs, Inc.

Joseph W. Hallberg

651/748-4360

Name & phone number of contact person

INSTRUCTIONS

Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Secretary of State. All of the information on this form is public and required in order to process this filing. Failure to provide the requested processing this filing.

All current nameholders or an Authorized Agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).) must sign this cancellation form. Please include attachments if necessary. There is no fee for cancelling an Assumed Name.

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

FEB 09 2011

Mark Ritchie
Secretary of State

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us, or contact us between 9:00am to 4:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-6767.

AssumedNameCancellationRev.08-01-10

[Handwritten initials]