

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

2. Name and address of receiving party(ies) Yes
Additional names, addresses, or citizenship attached? 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)

3. Nature of conveyance)/Execution Date(s) :
Execution Date(s) March 26, 2004

Assignment Merger
 Security Agreement Change of Name
 Other _____

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) 2,550,300

Additional sheet(s) attached? Yes No

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

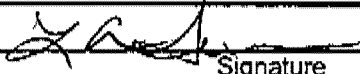
6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40

Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

Deposit Account Number 501662
Authorized User Name polsinelli Shalton et al

9. Signature:  8.30.11
Signature Date

Lawrence A. Swain
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 2

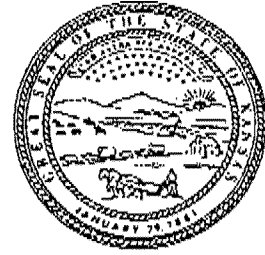
Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK
REEL: 004614 FRAME: 0442

700470469

CH \$40.00 501662 255030

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