

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
Harris Trust & Savings Bank		08/09/2002	Illinois Banking Corp.:
RECEIVING PARTY DATA			
Name:	Metro Corporation		
Street Address:	2311 W. 22nd Street, Suite 200		
City:	Oak Brook		
State/Country:	ILLINOIS		
Postal Code:	60523		
Entity Type:	CORPORATION: NEVADA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	2100285	FITNESSMINDER	
Registration Number:	1295788	METRO	
Registration Number:	1713243	METRO	
CORRESPONDENCE DATA			
Fax Number:	2483583351		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	(248) 358-4400		
Email:	marapakis@brookskushman.com		
Correspondent Name:	Matthew M. Jakubowski		
Address Line 1:	1000 Town Center, 22nd Floor		
Address Line 4:	Southfield, MICHIGAN 48075-1238		
ATTORNEY DOCKET NUMBER:	TPP 0282 A		
NAME OF SUBMITTER:	Matthew M. Jakubowski		

CH \$90.00 2100285

Signature:	/matthew m jakubowski/
Date:	06/05/2012
<p>Total Attachments: 17</p> <p>source=Harris Bank Release#page1.tif source=Harris Bank Release#page2.tif source=Harris Bank Release#page3.tif source=Harris Bank Release#page4.tif source=Harris Bank Release#page5.tif source=Harris Bank Release#page6.tif source=Harris Bank Release#page7.tif source=Harris Bank Release#page8.tif source=Harris Bank Release#page9.tif source=Harris Bank Release#page10.tif source=Harris Bank Release#page11.tif source=Harris Bank Release#page12.tif source=Harris Bank Release#page13.tif source=Harris Bank Release#page14.tif source=Harris Bank Release#page15.tif source=Harris Bank Release#page16.tif source=Harris Bank Release#page17.tif</p>	

Harris Trust and
Savings Bank

111 West Monroe Street
P.O. Box 755
Chicago, Illinois 60680-0755

(312) 461-2121

**HARRIS
BANK**

PAY-OFF LETTER

August 7, 2002

Precision Products, L.P.
Corporation
27th Street, Suite 103
Chicago, Illinois 60521

Donald Herbert

**Pay-Off of Credit Facilities Extended to Taylor Precision Products, L.P.
and Metro Corporation (collectively, the "Borrower")**

This letter confirms the amount of the Borrower's indebtedness due to Harris Trust and Savings Bank (the "Bank") as of August 9, 2002, under the Amended and Restated Loan and Security Agreement between the Borrower and the Bank, dated as of September 25, 1997, as amended (the "Loan Agreement") and the promissory notes delivered thereunder (the "Notes"). For convenience, the Loan Agreement and the Notes are referred to herein collectively as the "Loan Documents".

The total amount of indebtedness due to the Bank under the Loan Documents, if paid on August 9, 2002 at 10:00 a.m. (Chicago, Illinois, time) on August 9, 2002 (the "Payment Time"), is \$14,393,580.45 (the "Pay-off Amount"), broken down as follows:

	AMOUNT
Principal on loans	\$14,242,216.00
Interest	\$ 62,744.10
Line Fee	\$ 1,120.35
Origination Fee	\$ 85,000.00
Unpaid legal fees	\$ <u>2,500.00</u>
TOTAL	\$14,393,580.45

If the payment is not made on or before the time and date of the Payment Time, the amount shall be increased by an amount equal to \$2,175.89 (representing per diem interest on the loans and advances) for each day the Pay-off Amount remains unpaid (the "Per diem Amount"), provided that the Per diem Amount may change in the event of a change in the

Harris Trust and Savings Bank

Bank's prime commercial rate or in the amount outstanding under the Loan Documents (this Bank assumes no changes will be made in the outstanding principal amount of the loans on or before the date of this letter) and, for that reason, you should confirm with us on the date of payment the current pay-off amount then due.

Upon receipt of (i) an executed counterpart of this letter from you, and (ii) the Pay-off amount on or before the Payment Time by Federal reserve wire transfer in the amount set forth above to Harris Trust and Savings Bank (reference ABA no. 071000288 for credit to account #109-215-4, Reference: Taylor Environmental)-for application to the Pay-Off Amount obligations referred to above, all indebtedness of Borrower to the Bank under the Loan Documents (other than obligations for indemnities which, by the express terms of the Loan Documents, survive the termination of the credit facilities) shall be paid in full, the credit facilities extended to the Borrower under the Loan Documents shall terminate (and thereafter Borrower shall not have the right to obtain additional credit from the Bank under the Loan Documents), the security interest of the Bank in the property of the Borrower granted to it under the Loan Documents shall be released and terminated (other than any interest we may have in the Borrower's deposit accounts with the Bank so long as any such accounts remain open or any obligations are owing to the Bank with respect thereto), and we shall execute and deliver to you available UCC-3 termination statements to release our liens on such property of the Borrower and shall take such other action as the Borrower may reasonably request, and at the Borrower's expense, to release any such liens held by the Bank on such property of the Borrower.

In connection with the payoff of your obligations owing to us, you have also requested that we consent to the prepayment of certain subordinated debt owing by you to Scott Technologies, Inc. (f/k/a Figgie International Inc.), pursuant to the terms of a consent letter in the attached hereto as Exhibit A (the "Consent Letter"). Upon repayment of all of your obligations owing to us and satisfaction of the conditions set forth in the paragraph above, we shall execute and deliver to you the Consent Letter.

This letter supercedes any prior pay-off letters heretofore delivered by us to you.

Very truly yours,

HARRIS TRUST AND SAVINGS BANK

By

Daniel K Sabol
Name DANIEL K SABOL

Title VICE PRESIDENT

Wholly owned subsidiary of Harris Bankcorp, Inc.

TRADEMARK

REEL: 004795 FRAME: 0122

Trust and Savings Bank

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Accepted and agreed to as of the date first written above.

TAYLOR PRECISION PRODUCTS, L.P.

By Donald E. Hebert
Name DONALD E. HEBERT
Title VP FINANCE + CFO

METRO CORPORATION

By Donald E. Hebert
Name DONALD E. HEBERT
Title VP FINANCE + CFO

Wholly owned subsidiary of Harris Bankcorp, Inc

CONSENT LETTER

August 9, 2002

on Products, L.P.
Street, Suite 103
60523
Donald Herbert

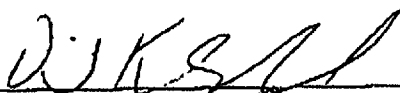
Scott Technologies, Inc.
4420 Sherwin Road
Willoughby, OH 44094
Attention: Steven L. Siemborski

reference is made to (i) the Intercreditor and Subordination Agreement (the "Subordination Agreement"), dated November 25, 1996, among Harris Trust and Savings Bank ("HTSB"), Figgie International Inc. (n/k/a Scott Technologies, Inc., "Scott") and Taylor Precision Instruments, L.P. (n/k/a Taylor Precision Products, L.P., "Taylor"); (ii) the promissory note (the "Note") in the original principal amount of \$2,500,000 dated November 25, 1996, issued by Taylor to Scott; and (iii) the Letter Agreement dated May 6, 2002, between Scott and Taylor, a copy of which has heretofore been furnished to us by you (the "Letter Agreement").

Pursuant to Section 2 of the Subordination Agreement, the undersigned authorized officer of Harris Trust and Savings Bank hereby gives its consent to the payment of the Payout Amount (as defined in the Letter Agreement) by Taylor to Scott pursuant to the Letter Agreement.

Very truly yours,

HARRIS TRUST AND SAVINGS BANK

By 
Name DANIEL K. SABOC
Title Vice President

Law Offices of

CHAPMAN AND CUTLER

111 West Monroe Street, Chicago, Illinois 60603

TWX 910-221-2103 Telex 206281

FAX: (312) 701-2361

Telephone (312) 845-3000

FACSIMILE TRANSMISSION

CHAPMAN & CUTLER
AUG 9 12 48 PM '02
FAX DEPT.

consists of 13 pages including cover page.

845-3734 if you have any problems with this transmission.

2002

	Company	Fax Number	Confirm Number
	McDermott, Will & Emery	984-7700	984-2117
		248-863-3101	

you want a call placed to

Steven Hastings Matter Number: 1491463

SGH Extension: 2958

Following are UCC termination statements prepared by our office based on the UCC information provided by the Bank. These termination statements are not to be released or recorded until the Bank or our staff of the Bank confirms in writing the Bank's receipt of the payoff pursuant to its August 7 payoff letter.

CONFIDENTIALITY: The information contained in this facsimile transmission is confidential information which may contain information that is privileged and exempt from disclosure under applicable law. The information is intended solely for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this facsimile transmission is strictly prohibited. If you have received this facsimile transmission in error, please notify us immediately by telephone to arrange for the return of this facsimile transmission to us.

Confirmed By:

1:58PM;
5:4PM

CHAPMAN AND CUTLER

STATEMENT AMENDMENT

(Check) CAREFULLY
FILER (optional)

(Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

16. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

3744824

9/29/97

The Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.
The Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is provided by applicable law.

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.

TERMINATION: This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Delete name and provide appropriate information in items 8 and/or 7.
Give current record name in item 8a or 8b; also give new name in item 8c and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 8a or 8b. ADD name: Complete item 7a or 7b; and also item 7c; also complete items 7d-7g (if applicable).

ORGANIZATION		FIRST NAME	MIDDLE NAME	SUFFIX
INFORMATION:		FIRST NAME	MIDDLE NAME	SUFFIX
		CITY	STATE	POSTAL CODE
7c. TYPE OF ORGANIZATION		7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

ASSIGNMENT CHANGE: check only one box.
 added, or give entire restated collateral description, or describe collateral assigned.

PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which is not a Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

AND SAVINGS BANK		FIRST NAME	MIDDLE NAME	SUFFIX
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STATEMENT AMENDMENT

(front and back) CAREFULLY

CONTACT AT FILER (optional)

AMENDMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

AMENDMENT FILE # 2001008993-5 10/19/01

15. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

Termination of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

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

Assignment: 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.

AMENDMENT INFORMATION: This Amendment affects Debtor Secured Party of record. Check only one of these two boxes.

Check only one box and provide appropriate information in items 6 and/or 7.

6. DELETES: Give current record name in item 6a or 6b; also give new name in item 7a or 7b and/or new address (if address change) in item 7c.

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 7d-7g (if applicable).

PERSON INFORMATION:

NAME

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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ADDITIONAL INFORMATION:

NAME

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	CITY	STATE	POSTAL CODE
			COUNTRY

7. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

ADDITIONAL INFO RE ORGANIZATION DEBTOR

7a. TYPE OF ORGANIZATION

7. JURISDICTION OF ORGANIZATION

NONE

COLLATERAL CHANGE: check only one box.

removed or added, or give entire restated collateral description, or describe collateral assigned.

DEBTOR PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which is authorized by a Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

NAME

and Savings Bank

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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REFERENCE DATA

To be filed with the Secretary of State of Nevada

1:58PM;
5:55PM

CHAPMAN AND CUTLER

STATEMENT AMENDMENT

(Check) CAREFULLY
FILED (optional)

(Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

FILE # 971015040 10/15/97

1b. The FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

Items of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

Items of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is provided by applicable law.

1c. Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8.

ADDITIONAL INFORMATION: This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Give current record name in item 8a or 8b; also give new name in item 8c or 8d and/or new address (if address change) in item 8e. DELETE name: Give record name to be deleted in item 8a or 8b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
ADD. INFO RE ORGANIZATION (DEBTOR)	7a. TYPE OF ORGANIZATION	7b. JURISDICTION OF ORGANIZATION	7c. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

TERMINAL CHANGE: check only one box. deleted, or give entire restated collateral description, or describe collateral assigned.

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 authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

NAME	FIRST NAME	MIDDLE NAME	SUFFIX
and Savings Bank			

TO BE FILED WITH THE SECRETARY OF STATE OF NEW MEXICO

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STATEMENT AMENDMENT

Read CAREFULLY
FILER (optional)

(Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

FILE # 1504722 9/29/97

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

This Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

This Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is provided by applicable law.

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.

INFORMATION: This Amendment affects Debtor or Secured Party of record. Check only ONE of these two boxes.

and provide appropriate information in items 6 and/or 7.

Give current record name in item 6a or 6b; also give new name if 7b and/or new address (if address change) in item 7c. 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 7d-7g (if applicable).

NAME:

	FIRST NAME	MIDDLE NAME	SUFFIX
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INFORMATION:

	FIRST NAME	MIDDLE NAME	SUFFIX
	CITY	STATE	POSTAL CODE
			COUNTRY

7a. TYPE OF ORGANIZATION	7b. JURISDICTION OF ORGANIZATION	7c. ORGANIZATIONAL ID #, if any
		<input type="checkbox"/> NONE

LEGAL CHANGE: check only ONE box.

added, or give entire restated collateral description, or describe collateral assigned.

PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which is not the Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

Savings Bank

	FIRST NAME	MIDDLE NAME	SUFFIX
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DATA

to be filed with the Secretary of State of North Carolina

5:58PM CHAPMAN AND CUTLER

STATEMENT AMENDMENT

Read and check CAREFULLY
PRINT AT FILER [optional]

SENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

7b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

STATEMENT FILE # 16681 10/2/98

Termination of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is provided by applicable law.

Assignment: 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.

AMENDMENT INFORMATION: This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). DELETE name: Give record name to be deleted in item 6a or 6b.

NAME	FIRST NAME	MIDDLE NAME	SUFFIX

ORGANIZATION INFORMATION:	FIRST NAME	MIDDLE NAME	SUFFIX
	CITY	STATE	POSTAL CODE
	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

COLLATERAL CHANGE: check only one box. Deleted or added, or give entire restated collateral description, or describe collateral assigned.

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 is not the Authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Chapman and Savings Bank			

REFERENCE DATA
To be filed with the County of El Paso, Texas (UCC Records)
COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC31) (REV. 07/99/001)

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STATEMENT AMENDMENT

(Print and check) CAREFULLY
STATEMENT FILE# (optional)

TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

STATEMENT FILE# 11276836 10/19/01 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

1a. The rate of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

1b. The rate of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is provided by applicable law.

2. 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.

3. INFORMATION: This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

4. Give the current record name in item 6a or 6b; also give new name in item 7a or 7b and/or new address (if address change) in item 7c. 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 7d-7g (if applicable).

PERSON INFORMATION:

6. Name: Products, L.P.
FIRST NAME MIDDLE NAME SUFFIX

ADDRESS INFORMATION:

7. CITY STATE POSTAL CODE COUNTRY

7a. TYPE OF ORGANIZATION 7b. JURISDICTION OF ORGANIZATION 7c. ORGANIZATIONAL ID #: if any NONE

8. COLLATERAL CHANGE: check only one box. added, or give entire restated collateral description, or describe collateral assigned.

9. PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which is not the Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

10. Name: Savings Bank
FIRST NAME MIDDLE NAME SUFFIX

11. This document is filed with the Secretary of State of Delaware

FINANCING STATEMENT AMENDMENT

INSTRUCTIONS (front and back) CAREFULLY
DATE OF CONTACT AT FILER (optional)

AMENDMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

FINANCING STATEMENT FILE # 98-195734

9/30/98

1b. The FINANCING STATEMENT AMENDMENT is to be filed (for records) (or recorded) in the REAL ESTATE RECORDS.

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

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

NOTE (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 8.

PARTY INFORMATION: This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
In the following three boxes add provide appropriate information in items 6 and/or 7.
ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).
DELETE name: Give record name to be deleted in item 6a or 6b.

PERSON'S NAME			
FIRST NAME		MIDDLE NAME	SUFFIX
ORGANIZATION			
LAST NAME			

PERSON OR ADDED INFORMATION:			
PERSON'S NAME			
FIRST NAME		MIDDLE NAME	SUFFIX
LAST NAME		STATE	POSTAL CODE
CITY		COUNTRY	
ADDRESS		7g. ORGANIZATIONAL ID #, if any	
7f. JURISDICTION OF ORGANIZATION		<input type="checkbox"/> NONE	

NOTE (COLLATERAL CHANGE): check only one box.
 deleted or added, or give entire repeated collateral description, or describe collateral assigned.

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 is not the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

PERSON'S NAME			
FIRST NAME		MIDDLE NAME	SUFFIX
Trust and Savings Bank			
LAST NAME			

REFERENCE DATA
To be filed with the Secretary of State of Texas

STATEMENT AMENDMENT

Check CAREFULLY

FILE NUMBER (optional)

(Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

07U3398 9/29/97

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

The Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

The Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is provided by applicable law.

Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 4.

NOTICE: This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Provide appropriate information in items 6 and/or 7.

Give current record name in item 6a or 6b; also give new name and/or new address (if address change) in item 7a.

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 7d-7g (if applicable).

ASSIGNOR PRODUCTS, L.P.

FIRST NAME	MIDDLE NAME	SUFFIX
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ASSIGNEE INFORMATION:

FIRST NAME	MIDDLE NAME	SUFFIX
CITY	STATE	POSTAL CODE
		COUNTRY

6. TYPE OF ORGANIZATION

7. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

NONE

7. COLLATERAL CHANGE: check only one box.

added, or give entire restated collateral description, or describe collateral assigned.

6. AUTHORITY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which is not the Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

DEBTOR AND SAVINGS BANK

FIRST NAME	MIDDLE NAME	SUFFIX
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Page County, Illinois (UCC Records)

1:00PM

CHAPMAN AND CUTLER

NO. 6261

P. 10/13

STATEMENT AMENDMENT

(Front and back) CAREFULLY

CONTACT AT FILER (optional)

AMENDMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

STATEMENT FILE # 970929101 9/29/97

1d. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is extended for the period provided by applicable law.

(If of parties): 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.

(If of parties): 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.

(If of parties): 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.

(If of parties): 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.

PERSON INFORMATION:

PERSON'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Chapman Products, L.P.			

ORGANIZATION INFORMATION:

ORGANIZATION NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	CITY	STATE	POSTAL CODE
			COUNTRY
7a. TYPE OF ORGANIZATION	7b. JURISDICTION OF ORGANIZATION	7c. ORGANIZATIONAL ID #, if any	
ADD'L INFO RE ORGANIZATION DEBTOR		<input type="checkbox"/> NONE	

COLLATERAL CHANGE: check only one box.

deleted or added, or give entire restated collateral description, or describe collateral assigned.

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 is not the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

PERSON'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Trust and Savings Bank			

REFERENCE DATA

To be filed with the Secretary of State of New Mexico

COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM 1003) (REV. 07/29/88)

TRADEMARK

REEL: 004795 FRAME: 0134

B
C
D

STATEMENT AMENDMENT

Check CAREFULLY
CUTLER (optional)

(Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

98-195733

9/30/98

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

1. The Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.
2. The Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is provided by applicable law.

3. 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.

4. ASSIGNMENT: This Amendment affects Debtor or Secured Party of record. Check only ONE of these two boxes.

5. Please add provide appropriate information in items 6 and/or 7.

6. Give current record name in item 6a or 6b; also give new name in item 6c and/or new address (if address change) in item 7c. 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 7d-7g (if applicable).

NAME: L.P.

FIRST NAME	MIDDLE NAME	SUFFIX
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6. INFORMATION:

FIRST NAME	MIDDLE NAME	SUFFIX
CITY	STATE	POSTAL CODE
		COUNTRY
7a. TYPE OF ORGANIZATION	7b. JURISDICTION OF ORGANIZATION	7c. ORGANIZATIONAL ID #, if any
		<input type="checkbox"/> NONE

7. COLLATERAL CHANGE: check only ONE box.

added, or give entire restated collateral description, or describe collateral assigned.

8. AUTHORITY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which is not the Assigning Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

Savings Bank

FIRST NAME	MIDDLE NAME	SUFFIX
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9. DATA

to be filed with the Secretary of State of Texas

STATEMENT AMENDMENT

(Read) CAREFULLY

STATE FILER (optional)

(Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

16682 10/2/98

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

The Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

The Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is provided by applicable law.

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.

NOTATION: This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

And provide appropriate information in Items 6 and/or 7.

Give current record name in Item 6a or 6b; also give new name in Item 6c and/or new address (if address change) in Item 7a. DELETE name: Give record name to be deleted in Items 6a or 6b. ADD name: Complete Item 7a or 7b, and also Item 7c; also complete Items 7d-7g (if applicable).

NOTATION:

Debtors, L.P.

FIRST NAME	MIDDLE NAME	SUFFIX

NOTATION:

FIRST NAME	MIDDLE NAME	SUFFIX
CITY	STATE	POSTAL CODE
		COUNTRY

6. TYPE OF ORGANIZATION

7. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

NONE

NOTATION: check only one box.

added, or give entire realated collateral description, or describe collateral assigned.

NAME OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which is not the Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

Wings Bank

FIRST NAME	MIDDLE NAME	SUFFIX

DATA

filed with the County of El Paso, Texas (UCC Records)

NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM 1003) (REV. 07/29/88)

TRADEMARK

REEL: 004795 FRAME: 0136

STATEMENT AMENDMENT

(Check back) CAREFULLY
FILER (optional)

TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

FILE # 97-985 9/28/97

IS THE FINANCING STATEMENT AMENDMENT to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is provided by applicant law.

Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8.

INFORMATION: This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Give current record name in item 6a or 6b; also give new name in item 6c or 6d and/or new address (if address change) in item 7c. 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 7d-7g (if applicable).

	FIRST NAME	MIDDLE NAME	SUFFIX

	FIRST NAME	MIDDLE NAME	SUFFIX
	CITY	STATE	POSTAL CODE
			COUNTRY
7a. TYPE OF ORGANIZATION	7i. JURISDICTION OF ORGANIZATION	7d. ORGANIZATIONAL ID #, if any	
		<input type="checkbox"/> NONE	

REAL CHANGE: check only one box.
 added, or give entire restated collateral description, or describe collateral assigned.

PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which is not the Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

Savings Bank	FIRST NAME	MIDDLE NAME	SUFFIX

to be filed in Henderson County, North Carolina (UCC Records)

NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM 1100A) (REV. 07/99/99A)

TRADEMARK

REEL: 004795 FRAME: 0137

RECORDED: 06/05/2012