06/04/2012

3. DEPARTMENT OF COMMERCE Form PTO-1594 (Rev. 01-09) States Patent and Trademark Office OMB Collection 0651-0027 (exp. 02/28/2009) REC 103645342 To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below. 2. Name and address of receiving party(ies) 1. Name of conveying party(ies): Additional names, addresses, or citizenship attached? Associated Wholesale Grocers, Inc. ⊠ No 5000 Kansas Avenue Name: Associated Wholesale Grocers, Inc. Kansas City, KS 66106 Internal Association Individual(s) Address: Limited Partnership General Partnership Street Address: 5000 Kansas Avenue ○ Corporation - State: Missouri City: Kansas City Other State: Kansas Citizenship (see guidelines) Zip:66106 Country: USA Additional names of conveying parties attached? Association Citizenship General Partnership Citizenship 3. Nature of conveyance )/Execution Date(s): Limited Partnership Citizenship Execution Date(s)March 26, 2004 ★ Corporation Citizenship Kansas ☐ Assignment Other Citizenship Security Agreement Change of Name If assignee is not domiciled in the United States, a domestic representative designation is attached: 🔲 Yes (Designations must be a separate document from assignment) 4. Application number(s) or registration number(s) and Identification or description of the Trademark. B. Trademark Registration No.(s) A. Trademark Application No.(s) 2714388 Additional sheet(s) attached? Yes No C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): HAPPY O'S 5. Name & address of party to whom correspondence 6. Total number of applications and concerning document should be mailed: 1 registrations involved: Name: Lawrence A. Swain 7. Total fee (37 CFR 2.6(b)(6) & 3.41) Internal Address: Polsinelli Shughart PC X Authorized to be charged to deposit account Street Address: 6201 College Boulevard, Suite 500 Enclosed 8. Payment Information: City Overland Park Zip:66211 State Kansas Phone Number: 913-234-7526 Deposit Account Number 501662 Fax Number: 913-273-1882 /98/2012 AMULLINS Name Polsinelli Shall 00000041 501662 2714388 Email Address: kwaln@polsinolli 9. Signature: Date Signature

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, Alexandría, VA 22313-1450

Lawrence A. Swain

Name of Person Signing

Total number of pages including cover

sheet, attachments, and document:

## 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 11<sup>th</sup> 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

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In testimony whereof:

I hereto set my hand and cause to be affixed official seal. Done at the city of Topeka, this 29<sup>th</sup> day of March\_A-D-2004

RON THORNBURGH SECRETARY OF STATE

TOTAL P.004