

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
LASALLE BUSINESS CREDIT, INC.		10/27/1998	CORPORATION: DELAWARE
RECEIVING PARTY DATA			
Name:	GRAFALLOY CORPORATION		
Street Address:	1020 N. Marshall Avenue		
City:	El Cajon		
State/Country:	CALIFORNIA		
Postal Code:	92020		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	1754028	SENIOR CLASSIC	
Registration Number:	1209860	GRAFALLOY	
CORRESPONDENCE DATA			
Fax Number:	2124920603		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Email:	lsilber@paulweiss.com, aashville@paulweiss.com		
Correspondent Name:	Lindsay N. Silber		
Address Line 1:	1285 Avenue of the Americas		
Address Line 4:	New York, NEW YORK 10019-6064		
ATTORNEY DOCKET NUMBER:	19351/002		
NAME OF SUBMITTER:	Lindsay N. Silber		
Signature:	/lindsaynsilber/		

Date:

06/15/2012

Total Attachments: 2

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source=True Temper TM Release made by Lasalle#page2.tif

STATE OF CALIFORNIA Filed with: Secretary of State
UNIFORM COMMERCIAL CODE - FINANCING STATEMENT CHANGE - FORM UCC-2
This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code.

1. FILE NO OF REG. FINANCING STATEMENT 9710660943	1A. DATE OF REG. OF REG. FINANCING STATEMENT 4/15/87	1E. DATE OF REG. FINANCING STATEMENT	1C. PLACE OF FILING OF REG. FINANCING STATEMENT Secretary of State
2. DEBTOR (LAST NAME FIRST) Graffalloy Corporation		2A. SOCIAL SECURITY NO., OR FEDERAL TAX ID NO. 33-0744596	
2B. MAILING ADDRESS 1020 N. Marshall Avenue		2C. CITY, STATE El Cajon, CA	2D. ZIP CODE DE 92020
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)			3A. SOCIAL SECURITY NO., OR FEDERAL TAX ID NO.
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE DE
4. SECURED PARTY NAME LaSalle Business Credit, Inc. MAILING ADDRESS 135 South LaSalle Street CITY Chicago STATE IL ZIP CODE 60603			4A. SOCIAL SECURITY NO., FEDERAL TAX ID NO., OR BANK IDENTIFICATION NO. 95-3869440
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE			5A. SOCIAL SECURITY NO., FEDERAL TAX ID NO., OR BANK IDENTIFICATION NO.

- A CONTINUATION — The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here and insert description of real property on which growing or to be grown in item 7 below.
- B RELEASE — From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in item 7 below.
- C ASSIGNMENT — The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in item 7 below.
- D TERMINATION — The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.
- E AMENDMENT — The Financing Statement bearing the file number shown above is amended as set forth in item 7 below. (Signature of Debtor required on all amendments.)
- F OTHER

Termination: The secured party no longer claims a security interest under the financing statement bearing the file number shown above.

No. of Additional Sheets Presented: 0

9. (Date) 19	C O D E	10. This space for use of filing officer (Date, Time, Filing Office)
By: [Signature] (SIGNATURE) OF DEBTOR (IF ANY) TITLE		
LaSalle Business Credit, Inc.	2	
By: [Signature] (SIGNATURE) OF SECURED PARTY (IF ANY) TITLE Vice President	3	
	4	
	5	
	6	
	7	
	8	
	9	

10. Return Copy to

NAME [] ADDRESS [] CITY AND STATE []

STANDARD FILING FEE [] UNIFORM COMMERCIAL CODE - FORM UCC-2
Approved by the Secretary of State

STATE OF CALIFORNIA Filed with: San Diego
UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM UCC-2
This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code.

1. FILE NO. OF PREVIOUS FINANCING STATEMENT 1997-0174599	1A. DATE OF FILING OF PREVIOUS FINANCING STATEMENT 8/16/97	1B. DATE OF PREVIOUS FINANCING STATEMENT	1C. PLACE OF FILING OF PREVIOUS FINANCING STATEMENT San Diego
2. DEBTOR'S NAME (BEST) Graffalley Corporation			2A. SOCIAL SECURITY NO., OR FEDERAL TAX ID NO. 33-0768896
3. MAILING ADDRESS 1020 N. Marshall Avenue		3C. CITY, STATE El Cajon, CA	3D. ZIP CODE 92020
4. ADDITIONAL ADDRESS FOR DEBTOR (LAST NAME FIRST)			4A. SOCIAL SECURITY NO. OR FEDERAL TAX ID NO.
5. MAILING ADDRESS		5C. CITY, STATE	5D. ZIP CODE
6. SECURED PARTY NAME LaSalle Business Credit, Inc. MAILING ADDRESS 135 South LaSalle Street CITY Chicago ILL. ZIP CODE 60603			6A. SOCIAL SECURITY NO., FEDERAL TAX ID NO. OR BANK TRANSIT AND A.B.A. NO. 95-3869440
7. ASSIGNOR OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE			7A. SOCIAL SECURITY NO., FEDERAL TAX ID NO. OR BANK TRANSIT AND A.B.A. NO.

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No. of Additional Sheets Presented: 0		9. This space for use of Filing Office or Data Processing Office
(Date)	19	
By: _____	(TITLE)	
LaSalle Business Credit, Inc.		
By: _____	(TITLE)	
10. Return Copy to		
NAME		
ADDRESS		
CITY AND STATE		
STANDARD FORMS—FILING FEE	Approved by the Secretary of State	UNIFORM COMMERCIAL CODE—FORM UCC-2