

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
WELLS FARGO NATIONAL ASSOCIATION AS ADMINISTRATIVE AGENT		03/01/2013	NATIONAL ASSOCIATION:
RECEIVING PARTY DATA			
Name:	NACHURS ALPINE SOLUTIONS, CORP.		
Street Address:	421 LEADER STREET		
City:	MARION		
State/Country:	OHIO		
Postal Code:	43302		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2725664	THE SCIENCE OF DEICING	
CORRESPONDENCE DATA			
Fax Number:	8003104133		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	734-786-8494		
Email:	cs@snyderfirm.com		
Correspondent Name:	Craig Snyder		
Address Line 1:	2514 Kimberly Road		
Address Line 4:	Ann Arbor, MICHIGAN 48104		
NAME OF SUBMITTER:	Craig Snyder		
Signature:	/CS/		
Date:	03/28/2013		
Total Attachments: 1 source=Release#page1.tif			

OP \$40.00 2725664

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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20.00 CK01
SOSIL 15:28 9228831 AM

A. NAME & PHONE OF CONTACT AT FILER	
SEND ACKNOWLEDGMENT TO: (Name and Address)	
R	Reed Smith LLP 10 South Wacker Drive Chicago, IL, 60606
L	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 17165259 04/03/2012	1b. This FINANCING STATEMENT AMENDMENT is <input type="checkbox"/> to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.
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2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.
4. ASSIGNMENT: (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 9.
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
- CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party..
- 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 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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7d. TAX ID#: SSN OR EIN

ADD'NL INFO RE ORGANIZATION DEBTOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL I.D.#, if any

NONE

8. AMENDMENT (COLLATERAL CHANGE): Check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

This UCC-3 Financing Statement shall release solely the personal property of Debtor constituting the "Purchased Assets" as such term is defined in that certain Asset Purchase Agreement, dated as of March 1, 2013 (the "Purchase Agreement") by and between Debtor and Nachurs Alpine Solutions, Corp., a Delaware corporation, including the Inventory (as defined in the Purchase Agreement) and Assigned Contracts (as defined in the Purchase Agreement) constituting the deicer business of Debtor.

9. NAME OF 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 adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
WELLS FARGO BANK, NATIONAL ASSOCIATION, AS ADMINISTRATIVE AGENT

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA
Filed with: IL Secretary of State (RS # 323124 - 00053)
FILING OFFICE COPY - UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 5/22/02)