

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Oakland Raiders		09/07/1999	LIMITED PARTNERSHIP: CALIFORNIA
RECEIVING PARTY DATA			
Name:	The Oakland Raiders		
Street Address:	1220 Harbor Bay Parkway		
City:	Alameda		
State/Country:	CALIFORNIA		
Postal Code:	94502		
Entity Type:	LIMITED PARTNERSHIP: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	0975685	RAIDERS	
CORRESPONDENCE DATA			
Fax Number:	2128470977		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	2124502000		
Email:	Laura.Hensel@nfl.com		
Correspondent Name:	Laura Hensel		
Address Line 1:	345 Park Ave, FL 7		
Address Line 2:	NFL		
Address Line 4:	New York, NEW YORK 10154		
ATTORNEY DOCKET NUMBER:	RAIDERS - OAK TO THE OAK		
NAME OF SUBMITTER:	Laura Hensel		
Signature:	/Laura Hensel/		

CH \$40.00 0975685

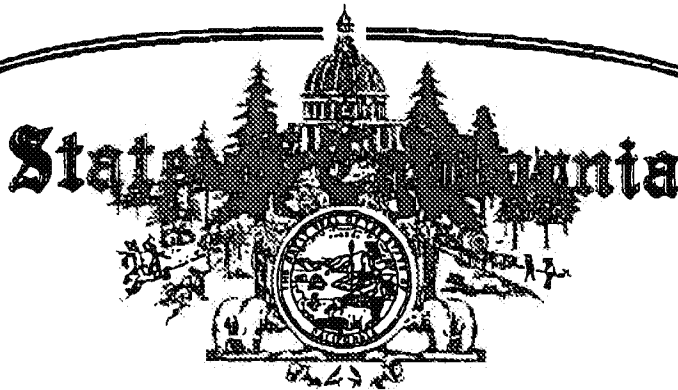
Date:

06/20/2013

Total Attachments: 2

source=Oakland Raiders to The Oakland Raiders 1999#page1.tif

source=Oakland Raiders to The Oakland Raiders 1999#page2.tif



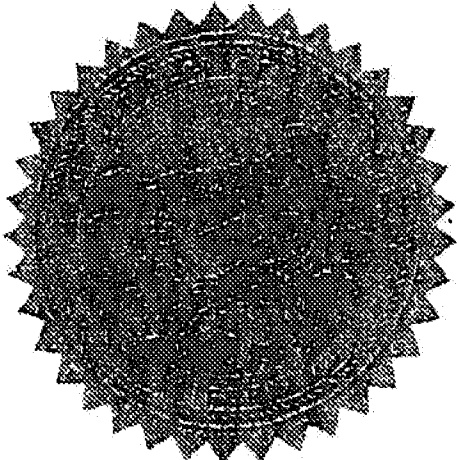
SECRETARY OF STATE

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 7 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

FEB 24 2003



Kevin Shelley
Secretary of State



State of California Secretary of State Bill Jones

FILED
Office of the Secretary of State
of the State of California

SEP - 7 1999

BILL JONES, Secretary of State

This Space For Filing Use Only

AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

A \$30.00 filing fee must accompany this form.
IMPORTANT - Read instructions before completing this form.

1. SECRETARY OF STATE FILE NUMBER 98418200686	2. NAME OF LIMITED PARTNERSHIP OAKLAND RAIDERS, A CALIFORNIA LIMITED PARTNERSHIP	
3. COMPLETE ONLY THE BOXES WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED, IF NECESSARY.		
A. LIMITED PARTNERSHIP NAME (END THE NAME WITH THE WORDS "LIMITED PARTNERSHIP" OR THE ABBREVIATION "L.P.") THE OAKLAND RAIDERS, A CALIFORNIA LIMITED PARTNERSHIP		
B. THE STREET ADDRESS OF THE PRINCIPAL OFFICE ADDRESS 1220 Harbor Bay Parkway CITY Alameda STATE CA ZIP CODE 94502		
C. THE STREET ADDRESS IN CALIFORNIA WHERE RECORDS ARE KEPT STREET ADDRESS CITY STATE CA ZIP CODE		
D. THE ADDRESS OF GENERAL PARTNER(S) NAME A.D. Football, Inc. ADDRESS 1220 Harbor Bay Parkway CITY Alameda STATE CA ZIP CODE 94502		
E. NAME CHANGE OF A GENERAL PARTNER FROM: TO:		
F. GENERAL PARTNER(S) CESSATION		
G. GENERAL PARTNER ADDED NAME ADDRESS CITY STATE ZIP CODE		
H. THE PERSON(S) AUTHORIZED TO WIND UP AFFAIRS OF THE LIMITED PARTNERSHIP NAME ADDRESS CITY STATE ZIP CODE		
I. THE NAME OF THE AGENT FOR SERVICE OF PROCESS		
J. IF AN INDIVIDUAL, CALIFORNIA ADDRESS OF THE AGENT FOR SERVICE OF PROCESS ADDRESS 1220 Harbor Bay Parkway CITY Alameda STATE CA ZIP CODE 94502		
K. NUMBER OF GENERAL PARTNER'S SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, RESTATEMENT, MERGER, DISSOLUTION, CONTINUATION AND CANCELLATION. <input type="checkbox"/>		
L. OTHER MATTERS (ATTACH ADDITIONAL PAGES, IF NECESSARY). see attachment		
4. TOTAL NUMBER OF PAGES ATTACHED (IF ANY) 1		
5. I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS DOCUMENT ARE TRUE AND CORRECT TO MY OWN KNOWLEDGE. I DECLARE THAT I AM THE PERSON WHO IS EXECUTING THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.		
A.D. FOOTBALL, INC. SIGNATURE POSITION OR TITLE President		Allen Davis 9/-1 /99 PRINT NAME DATE
SIGNATURE POSITION OR TITLE		PRINT NAME DATE
SECSTATE (REV. 10/98)		FORM LP-3 - FILING FEE: \$30.00 Approved by Secretary of State

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