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	
IGH Enterprises		108/28/2013	CORPORATION: NORTH CAROLINA	

RECEIVING PARTY DATA

Name:	Charles Chips Enterprises		
Street Address:	5 Newark Ave		
City:	Spring Lake		
State/Country:	NEW JERSEY		
Postal Code:	07762		
Entity Type:	CORPORATION: DELAWARE		

PROPERTY NUMBERS Total: 9

Property Type	Number	Word Mark		
Serial Number:	85837966	CHARLES COOKIES		
Registration Number:	4273183	CHARLES CHIPS		
Registration Number:	4273184	CHARLES PRETZELS		
Registration Number:	1722211	CHARLES		
Registration Number:	1359415	CHARLES		
Registration Number:	1359414	CHARLES		
Registration Number:	1052002	CHARLES PRETZELS		
Registration Number:	1030939	CHARLES CHIPS		
Registration Number:	1374921			

CORRESPONDENCE DATA

Fax Number: 7047499379

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

via US Mail.

Phone: 7047498979

TRADEMARK REEL: 005103 FRAME: 0746

85837966

900265372

Email: christina.trimmer@bryancave.com Correspondent Name: Christina Davidson Trimmer Address Line 1: 301 South College Street, Suite 3400 Charlotte, NORTH CAROLINA 28202 Address Line 4: ATTORNEY DOCKET NUMBER: C078896/0347957 NAME OF SUBMITTER: Christina Davidson Trimmer /cdt/ Signature: Date: 09/04/2013 Total Attachments: 2 source=Charles Chips#page1.tif

source=Charles Chips#page1.tif source=Charles Chips#page2.tif

TRADEMARK
REEL: 005103 FRAME: 0747

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		1		
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com		1		
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 25194 - BRY	AN	1		•
CT Lien Solutions P.O. Box 29071				
Glendale, CA 91209-9071 DEDE	: -			
File with Country of Clate DE		THE ABOVE SD	ACE IS EOD EILING OFFIC	PE LISE ONLY
File with: Secretary of State, DE 1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATE	ACE IS FOR FILING OFFICE EMENT AMENDMENT is to be for the second of the	
20130694167 2/21/2013 SS DE			Idendum (Form UCC3Ad) and provid	
TERMINATION: Effectiveness of the Financing Statement Identified above is Statement	s terminated with	respect to the security interest(s) of Secured Party authorizing t	nis Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, g For partial assignment, complete items 7 and 9 and also indicate affected or			Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	with respect to t	he security interest(s) of Secure	d Party authorizing this Continua	ation Statement is
5. PARTY INFORMATION CHANGE:	of these three box	es to:		
Check one of these two poxes:		ddress: Complete ADD na		name: Give record name eted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME	·	name (6a or 6b)		
CHARLES CHIPS ENTERPRISES, INC.		<u>.</u>		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	NAME	ADDITIONAL NAME(S)/INITIAL(S	S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch.	ange - provide only o	ne name (7a or 7b) (use exact, full name	; do not omit, modify, or abbreviate any pa	rt of the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME			·	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: ADI Indicate collateral:	D collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
ilidicate Collateral.				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ENDMENT: Pr	ovide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Ass	signment)
If this is an Amendment authorized by a DEBTOR, check here and provide 9a. ORGANIZATION'S NAME	name of authorizi	ng Debtor	<u>.</u>	
IGH ENTERPRISES, INC.				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON/	AL NAME	ADDITIONAL NÄME(S)/INITIAL(S	S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: CHARLES CH		RISES, INC.	1	
53004358 CHARLES CHIPS ENTERPR	ISES, INC.			

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

Attachment A

- 1. CHARLES COOKIES (U.S. Trademark Application Serial No. 85/837,966)
- 2. CHARLES CHIPS (U.S. Trademark Registration No. 4,273,183)
- 3. CHARLES PRETZELS (U.S. Trademark Registration No. 4,273,184)
- 4. CHARLES [design mark] (U.S. Trademark Registration No. 1,722,211)
- 5. CHARLES [design mark] (U.S. Trademark Registration No. 1,359,415)
- 6. CHARLES (U.S. Trademark Registration No. 1,359,414)
- 7. CHARLES PRETZELS [design mark] (U.S. Trademark Registration No. 1,052,002)
- 8. CHARLES CHIPS [design mark] (U.S. Trademark Registration No. 1,030,939)
- 9. [tin design mark] (U.S. Trademark Registration No. 1,273,921)

TRADEMARK REEL: 005103 FRAME: 0749

RECORDED: 09/05/2013