

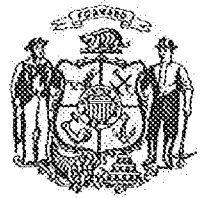
TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM339872

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Topco Associates, Inc.		10/29/2001	CORPORATION: WISCONSIN
RECEIVING PARTY DATA			
Name:	Topco Holdings, Inc.		
Street Address:	150 Northwest Point Blvd		
City:	Elk Grove Village		
State/Country:	ILLINOIS		
Postal Code:	60007		
Entity Type:	CORPORATION: WISCONSIN		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1892717	NO IFS ANDS OR BUTTER	
CORRESPONDENCE DATA			
Fax Number:	3142592020		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	314-259-2000		
Email:	susan.murphy@bryancave.com		
Correspondent Name:	BRYAN CAVE LLP		
Address Line 1:	211 North Broadway, Suite 3600		
Address Line 4:	St. Louis, MISSOURI 63102		
ATTORNEY DOCKET NUMBER:	0340543		
NAME OF SUBMITTER:	Lindsay E. Cohen		
SIGNATURE:	/Lindsay E. Cohen/		
DATE SIGNED:	04/30/2015		
Total Attachments: 3			
source=Change of Name document - to Topco Holdings Inc#page1.tif			
source=Change of Name document - to Topco Holdings Inc#page2.tif			
source=Change of Name document - to Topco Holdings Inc#page3.tif			

CH \$40.00 1892717



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator, Division of Corporate and Consumer Services, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department.

A handwritten signature in cursive script that reads 'George Petak'.

GEORGE PETAK, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

BY:

A second handwritten signature in cursive script, identical to the one above, reading 'George Petak'.

DATE: MAR 13 2015

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

REVISED 11/18/00

PLEASE READ INSTRUCTIONS ON
THE REVERSE BEFORE ATTEMPTING
TO COMPLETE THIS FORM.

COOPERATIVE AMENDMENT

04 4T02357

State the article number to be amended and the amendment language below:

Resolved, That

Article I of the articles of incorporation be and it is amended to read as follows:

ARTICLE I

The name of this Association shall be Topco Holdings, Inc. (Cooperative). Its location shall be in the Village of Skokie, Cook County, Illinois; and its registered agent shall be CT Corporation System, whose address is 222 West 44 East Michi. Street Washington Avenue, Madison, Wisconsin 53703. This Association is a cooperative, incorporated under Section 185 of the Wisconsin statutes ACCT 00011149 CLASS CODE 310

TRX 0001642708 Amount \$10.00

4/11/02
CIC par Susan Hankinson
CT, Chicago
THS

The undersigned officers of Topco Associates, Inc. (Cooperative) a Wisconsin

cooperative with principal office in Cook County, Illinois, Dane County (County, Wisconsin) do CERTIFY that:

1. The foregoing amendment of the articles of association of said cooperative was adopted on the 29th day of October, 2001, by the following vote:

FINANCIAL INSTITUTIONS
STATE OF WISCONSIN
02 APR 11 PM 3:13

Classes of members	Number of Members having voting rights	Number voting	
		FOR	AGAINST
Common	26	24	0

ACCT 00011149 CLASS CODE 340
TRX 0001642710 Amount \$25.00

Executed in duplicate, dated and seal (if any) affixed this 29th day of April, 2002.

John K. Fauer

President

(Affix seal or state that there is none)

There is no seal.

John K. Fauer

Assistant Secretary

4/11/02
CIC par Susan Hankinson
CT, Chicago

This document was drafted by Outside Wisconsin

(Please print or type the name of the individual - sec. 182.01(3), Wis. Stats.)

SEE FEES AND INSTRUCTIONS ON THE REVERSE SIDE

-13-

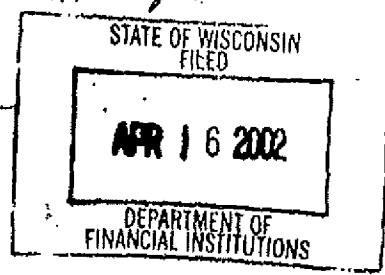
COOPERATIVE AMENDMENT

- Change Name of Cooperative

- Use Form 1700 (11/14)

ATTN: *Tammy*
C T CORPORATION SYSTEM
44 E MIFFLIN ST
MADISON WI 53703

\$10. copys + \$25 Exp Fee



← Please indicate where you would like the acknowledgment copy of the filed document sent. Please include complete name and mailing address.

Your telephone number during the day: *(608) 759 - 7319*

INSTRUCTIONS

- A. An amendment of articles lawful under s. 185.05 may be adopted at a meeting of the members by an affirmative vote of two-thirds of the votes cast, unless the articles require a greater vote or stockholders are entitled by s. 185.52 to vote on the amendment. If the amendment includes a change of corporate name, the new corporate name must include the word "cooperative" or an abbreviation thereof.
- B. The document is to be signed by the cooperative's PRESIDENT (or vice-president) and SECRETARY (or assistant secretary), and the corporate seal affixed. If the cooperative does not have a seal, enter the remark "No Seal." Manual, handwritten or stamped signatures are required. Carbon copy, photo copy, or electrostatic signatures are not acceptable.
- C. Submit in DUPLICATE ORIGINAL. Furnish the Department of Financial Institutions two copies of the document. (Mailing address: Department of Financial Institutions, P.O. Box 7846, Madison WI, 53707. If sent by Express or Priority US mail, address to 345 W. Washington Avenue, 3rd Floor, Madison WI 53703.) One copy will be retained by the Department of Financial Institutions and the other copy transmitted directly to the Register of Deeds of the county named in this document, together with your check for the recording fee. When the document has been recorded, it will be returned to the address you provided above.
- D. Two SEPARATE REMITTANCES are required.
 - 1) Send a FILING FEE of \$10, payable to the DEPARTMENT OF FINANCIAL INSTITUTIONS. If the amendment increases stock, provide an additional fee of \$1.25 for each \$1,000 on the increase. Your canceled check is your receipt for fee payment.
 - 2. Send a RECORDING FEE of \$12, by a separate check, payable to REGISTER OF DEEDS of the county named in this document as the county within which the cooperative's principal office (or registered agent) is located. If this document effects a change of the address of the corporation's principal office from one county to another, submit a TRIPLICATE document, and a recording fee for each county.

If you have any additional questions, please contact the Division of Corporate and Consumer Services at 608/261-9555.

TRADEMARK