OP \$65.00 78288558

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM347080

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	SECURITY INTEREST

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type	
Village Bank		06/25/2015	CORPORATION: MINNESOTA	

RECEIVING PARTY DATA

Name:	Supreme Brands L.L.C.
Street Address:	100 South 5th Street
Internal Address:	Suite 1075
City:	Minneapolis
State/Country:	MINNESOTA
Postal Code:	55402
Entity Type:	LIMITED LIABILITY COMPANY: MINNESOTA

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Serial Number:	78288558	TORSPO
Serial Number:	86577941	TORSPO

CORRESPONDENCE DATA

Fax Number: 6124374500

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.

Phone: 6124660086

Email: skatkov@thompsonhall.com

Correspondent Name: Steven P. Katkov, Esq.
Address Line 1: 901 Marquette Avenue

Address Line 2: Suite 1675

Address Line 4: Minneapolis, MINNESOTA 55402

NAME OF SUBMITTER:	Steven P. Katkov
SIGNATURE:	//stevenpkatkov//
DATE SIGNED:	07/07/2015

Total Attachments: 5

source=Torspo - Village Bank UCC Assignment Complete History#page1.tif source=Torspo - Village Bank UCC Assignment Complete History#page2.tif source=Torspo - Village Bank UCC Assignment Complete History#page3.tif

source=Torspo - Village Bank UCC Assignment Complete History#page4.tif source=Torspo - Village Bank UCC Assignment Complete History#page5.tif

Filing Number: 831219000022 Date: 06/25/2015 Time: 9:50 AM STATE OF MINNESOTA Office: Office of the Minnesota Secretary of State

UCC3 - Assignment - UCC Financing Statement

ORIGINAL FILING NUMBER: 200717556803

ORIGINAL FILING DATE: 07/18/2007

RETURN ACKNOWLEDGEMENT TO:

Lisa Domogalla 335 Bridge St NW St. Francis, MN 55070

SECURED PARTY INFORMATION

ORGANIZATION'S NAME

SUPREME BRANDS LLC

MAILING ADDRESS 420 EAST THIRD STREET SUITE 806

CITY LOS ANGELES STATE CA

POSTAL CODE COUNTRY

90013

USA

ASSIGNOR INFORMATION

Organization's Name:

VILLAGE BANK

AUTHORIZING PARTY

ORGANIZATION'S NAME

VILLAGE BANK

UCC FINANCING	STATEM	ENT								
A. NAME & PHONE	OF CONTAC	T AT FILER (or	otional)		Filing Number:		200717556803			
					— Filing Date:		07/18/2007			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					Filing Tin	ne:	7:36 an	n		
VILLAGE BANK					Processin		State o	f Minnesota		
9298 CENTRAL A	VE NE			FIUCESSIII	g Office.		ary of State			
BLAINE, MN 554	134				Filed By:		UCCO	nlineFiling		
1. DEBTOR'S EXAC	CT FULL L	EGAL NAME								
ORGANIZATION'S N										
TORSPO HOCKEY IN	NIERNATIO	NALING								
Mailing Address				City	···	State		Postal Code		Country
12 BRIDGE STEET S	UITE #3			ANOKA		MN		55303	1	USA
Tax ID#: SSN or EIN	Add'l Info Re	Type Of Organizati	ion	15.	Inriediction	Of Organization	1 On	ganızational ID #, if	973	
	Organization Debtor	CORPORATIO				MN)4853-2	<u>"",</u> [None
2. ADDITIONAL DI	EBTOR'S E	XACT FULL	LEGAL NAI	ME			. 			
INDIVIDUAL'S NAME	<u> </u>		First Name			Middle Name				
Last Name			First Name			Middle Name	,			Suffix
Mailing Address				City		State		Postal Code		Country
Tax ID #: SSN or EIN	.			<u></u>		<u> </u>		L	1	
3. SECURED PART	Y'S NAME	(or NAME of	TOTAL ASS	SIGNEE of ASSIGN	OR S/P)					
ORGANIZATION'S N		<u>`</u>			······································			· • • • • • • • • • • • • • • • • • • •		
VILLAGE BANK										
Mailing Address 9298 CENTRAL AVE	NE		·	City		State		Postal Code		Country
9290 CENTRAL AVE	NE			BLAINE		MN		55434		USA
						·		·		
4. This FINANCING STA		ū		INTANCIBLES WHET	TED ZNV	ጎፍ ጥዛፍ ፍሃጎ	DECO-NO	TE OWNED M	OM OF ACC	איים סברי
LATER ALL ACCE	SSIONS, AD	DITIONS, REP	LACEMENTS,	AND SUBSTITUTION	S RELATI	NG TO ANY	OF THE	E FOREGOING .	ALL RECOR	DS CF
GENERAL INTANG				PROCEEDS RELATING S)	TO ANY	OF THE FO	REGOING	3 (INCLUDING	INSURANC	Œ,
5. ALTERNATIVE DESIG	GNATION (if ap	plicable)	Lessee/Lessor	Consignee/Consigner	Bailee/	Baulor	Seller/Buyer	AG. Lien	Non-UCC F	Filing
6. This FINANCING ST ESTATE RECORDS		filed (or recorded) in the	1	7. Check to REQUEST SEARC (ADDITIONAL FEE)	H REPORT(S) or (option		All	Debtors De	obtor 1	Debtor 2

8. OPTIONAL FILER REFERENCE DATA:

	CC FINANCING STATEMENT AMENDMENT								
A	NAME & PHONE OF CONTACT AT FILER (optional)		Filing Number:			20122707818			
В.	SEND ACKNOWLEDGMENT TO: (Name and Address)	Fili	Filing Date:		02/01/2	02/01/2012			
	VILLAGE BANK	Fili	Filing Time:		2:54 p	2:54 pm			
	PO BOX 257	Pro	cessino	g Office:	State o	f Minneso	ıta		
	3350 BRIDGE ST NW		COSTILE	, 011100.		ary of Stat			
	SAINT FRANCIS, MN 55070				Secret	aly of Stat	·c		
		File	d By:		UCCO	nlineFilin	g	 	
la.	INITIAL FINANCING STATEMENT FILE #						MENT AMENDMENT	l' is	
	200717556803				REAL ESTAT		ecorded) in the S.		
2.	TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated with respec	t to secur	rity interest	t(s) of the Sec	cured Party au	thorizing this Termina	tion Statement.	
3.	X CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security	interest(:	s) of the Se	ecured Party t	horizing this	Continuation Statemen	it is	
4.	ASSIGNMENT (full or partial): Give name of assignce in item 7a or 7b a	and address of assignee in it	em 7c; aı	nd also giv	e name of ass	signor in Item	9.		
5.	AMENDMENT (PARTY INFORMATION): This Amendment affects		d Party o	of Record	Check only	one of these t	we boxes		
	Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	in items 6 and/or 7. DELETE name: G to be deleted in item					Complete item 7a or 7 titems 7e-7g (if applications)		
6.	CURRENT RECORD INFORMATION 6a. ORGANIZATION'S NAME								
7.	CHANGED (NEW) OR ADDED INFORMATION 7a. ORGANIZATION'S NAME								
		·							
7c.	MAILING ADDRESS C	etty				STATE	POSTAL CODE	COUNTRY	
7d.	Tax ID #. SSN or EIN ADD'L INFO RE ORGANIZATION 7f. DEBTOR 7e. TYPE OF ORGANIZATION 7f.	JURISDICTION OF ORC	ANIZA'	TION 7g	B. ORGANIZ	ATIONAL II) #, if any	NONE	
-	AMENDMENT (COLLATERAL CHANGE): check only one box			1				•	
٠.		stated collateral description,	or descri	ibe collater	ral a	ssigned.			
_	NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENE	MUNT (name of account	if this is	an appionn	ment) If this	ie en Amend	ment authorized hy a T	Pebtor which	
7 .	adds collateral or adds the authorizing Debtor, or if this a Termination authorized 9a. ORGANIZATION'S NAME			-			g this Amendment.	ACOU MINNI	
10									
	200717556803								

FILING OFFICE COPY -- NATIONAL FINANCING STATEMENT AMENDMENT (FORM UCC3)

UCC FINANCING	STATEM	IENT							
A. NAME & PHONE	OF CONTAC	otional)		Filing Number:		200915161408			
					Filing Date:		03/03/2009		
B. SEND ACKNOWI.		Filing Tin	1e:	9:07 an	n				
VILLAGE BANK					Processin	z Office:	State of	f Minnesota	
9298 CENTRAL	AVE NE				Trocessing Office.			ary of State	
BLAINE, MN 554	434			Filed By:		UCCOr	nlineFiling		
1. DEBTOR'S EXAC	CT FULL L	EGAL NAME							
ORGANIZATION'S N									
TORSPO HOCKEY II	NTERNATIO	NAL, INC.							
		****		1 a.		r <u>-</u>		la va i	
Mailing Address 12 BRIDGE SQUARE	SUITE 103			City ANOKA		State MN		Postal Code 55303	Country
Tax ID#: SSN or EIN	Add'l Info Re	Type Of Organizati	ion	<u> </u>	Turisdiction	Of Organization	n lor	ganizational ID #, if an	uv.
145 127. 331 01 221	Organization Debtor	CORPORATION				MN)4853-2	None None
2. ADDITIONAL D		XACT FULL	LEGAL NA	ME					
INDIVIDUAL'S NAME			First Name			Middle Nam	e	•	Suffix
Mailing Address		· · · · · · · · · · · · · · · · · · ·		City		State		Postal Code	Country
Maining Address				City		State		Fostal Code	Country
Tax ID# SSN or EIN		v	•						
3. SECURED PART		(or NAME of	TOTAL ASS	SIGNEE of ASSI	GNOR S/P)			* . 	
ORGANIZATION'S N	IAIVIE								
Mailing Address				City		State		Postal Code	Country
9298 CENTRAL AVE	NE			BLAINE		MN		55434	USA
4. This FINANCING STA		_							
Accounts Recei equipment and									
additions, rep any of the for									
accounts proce		proceeds re	iating to a	any of the for	egoing (insi	during in	surance,	, generar inc	angibies and
			<u></u>		_				
5. ALTERNATIVE DESI	GNATION (if ap	plicable)	Lessee/Lessor	Consumee/Consu	gner Bailes/	Baulor	Seller/Buyer	AG. Lien	Non-UCC Filing
6. This FINANCING ST ESTATE RECORDS		e filed (or recorded) in th thm (if appl	ne REAL licable)	7. Check to REQUEST S. (ADDITIONAL FEE)	EARCH REPORT(S) o		VII	Debtors Debt	tor I Debtor 2

8. OPTIONAL FILER REFERENCE DATA:

UC	CC FINANCING STATEMENT AMENDMENT	-					
A.	NAME & PHONE OF CONTACT AT FILER (optional)	Filing Nun	ıber:	201333	379565		
B.	SEND ACKNOWLEDGMENT TO: (Name and Address)	Filing Date	: :	09/13/2	2013		
1	VILLAGE BANK	Filing Tim	e:	1:51 p	m		
	PO BOX 257	December 2	O#!	. 64-4-	6 B/Jimm 200	4-	
	3350 BRIDGE ST NW	Processing	Onice		of Minneso ary of Stat		
	SAINT FRANCIS, MN 55070			Secret	ary or Stat	·e	
		Filed By:		UCCC	nlineFilin	g	
la.	INITIAL FINANCING STATEMENT FILE #					MENT AMENDMEN	TT is
	200915161408			REAL ESTA		ecorded) in the 3.	
2.	TERMINATION: Effectiveness of the Financing Statement identified above is terminated	with respect to secur	ity intere	st(s) of the Sec	cured Party au	thorizing this Termin	ation Statement.
3.	X CONTINUATION: Effectiveness of the Financing Statement identified above with respect continued for the additional period provided by applicable law.	et to security interest(s	s) of the S	Secured Party (thorizing this	Continuation Stateme	nt is
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of a	assignee in item 7c; ar	nd also gi	ive name of as	signor in Item	9.	
5.	AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or	Secured Party of	f Record	Check only	one of these t	wo boxes	
		Vor 7. ITE name: Give reco deleted in item 6a or 6				Complete item 7a or e items 7e-7g (if appli	
6.	CURRENT RECORD INFORMATION 6a. ORGANIZATION'S NAME						
7.	CHANGED (NEW) OR ADDED INFORMATION 7a. ORGANIZATION'S NAME						
7c.	MAILING ADDRESS CITY				STATE	POSTAL CODE	COUNTRY
7d.	Tax ID #: SSN or EIN ADD'L INFO RE ORGANIZATION 76. TYPE OF ORGANIZATIO	ON OF ORGANIZA	NOIT	7g. ORGANI2	ATIONAL II	O#, if any	NONE
8.	AMENDMENT (COLLATERAL CHANGE): check only one box						
	Describe collateral deleted or added, or give entire restated collateral	l description, or descri	ibe cellat	cral a	ssigned.		
9.	NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name	e of assignor, if this is	an assigi	nment). If thi	s is an Amend	Iment authorized by a	Debtor which
	adds collateral or adds the authorizing Debtor, or if this a Termination authorized by a Debtor, 9a. ORGANIZATION'S NAME					g this Amendment.	
10.	OPTIONAL FILER REFERENCE DATA						

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RECORDED: 07/07/2015