

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM363867

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: 1			
Property Type	Number	Word Mark	
Serial Number:	78288558	TORSPO	
CORRESPONDENCE DATA			
Fax Number:	6465881457		
<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:	212-297-2697		
Email:	llieberman@cozen.com		
Correspondent Name:	Lance J Lieberman		
Address Line 1:	277 Park Avenue		
Address Line 2:	Cozen O'Connor		
Address Line 4:	New York, NEW YORK 10172		
ATTORNEY DOCKET NUMBER:	377699.000		
NAME OF SUBMITTER:	Lance J Lieberman		
SIGNATURE:	/Lance J Lieberman/		
DATE SIGNED:	11/30/2015		
Total Attachments: 7			
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source=Village_Bank#page3.tif			

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

OP \$65.00 78288558

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

Filing Number: 83121900022
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	CITY	STATE	POSTAL CODE	COUNTRY
420 EAST THIRD STREET SUITE 806	LOS ANGELES	CA	90013	USA

ASSIGNOR INFORMATION

Organization's Name:
VILLAGE BANK

AUTHORIZING PARTY

ORGANIZATION'S NAME
VILLAGE BANK

UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. SEND ACKNOWLEDGMENT TO: (Name and Address) VILLAGE BANK 9298 CENTRAL AVE NE BLAINE, MN 55434

Filing Number: 200717556803
 Filing Date: 07/18/2007
 Filing Time: 7:38 am
 Processing Office: State of Minnesota
 Secretary of State
 Filed By: UCCOnlineFiling

1. DEBTOR'S EXACT FULL LEGAL NAME

ORGANIZATION'S NAME TORSPO HOCKEY INTERNATIONAL INC					
Mailing Address 12 BRIDGE STEET SUITE #3		City ANOKA	State MN	Postal Code 65303	Country USA
Tax ID # SSN or EIN	Add'l Info Re Organization Debtor	Type Of Organization CORPORATION	Jurisdiction Of Organization USA MN	Organizational ID #, if any 804853-2	<input type="checkbox"/> None

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME

INDIVIDUAL'S NAME				
Last Name	First Name	Middle Name	Suffix	
Mailing Address	City	State	Postal Code	Country
Tax ID # SSN or EIN				

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P)

ORGANIZATION'S NAME VILLAGE BANK				
Mailing Address 9298 CENTRAL AVE NE	City BLAINE	State MN	Postal Code 55434	Country USA

4. This FINANCING STATEMENT covers the following collateral :

ALL INVENTORY, ACCOUNTS, EQUIPMENT AND GENERAL INTANGIBLES WHETHER ANY OF THE FOREGOING IS OWNED NOW OR ACQUIRED LATER ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS RELATING TO ANY OF THE FOREGOING ALL RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING ALL PROCEEDS RELATING TO ANY OF THE FOREGOING (INCLUDING INSURANCE, GENERAL INTANGIBLES AND OTHER ACCOUNTS PROCEEDS)

5. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consigner Bailor/Bailee Seller/Buyer AG. Lien Non-UCC Filing

6. This FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)
 VILLAGE BANK
 PO BOX 257
 3350 BRIDGE ST NW
 SAINT FRANCIS, MN 55070

Filing Number: 20122707818
 Filing Date: 02/01/2012
 Filing Time: 2:54 pm
 Processing Office: State of Minnesota
 Secretary of State
 Filed By: UCOnlineFiling

1a. INITIAL FINANCING STATEMENT FILE #
 200717556803

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

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

[Empty box for Organization's Name]

7. **CHANGED (NEW) OR ADDED INFORMATION**
 7a. ORGANIZATION'S NAME

[Empty box for Organization's Name]

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7d. Tax ID #, SSN or EIN	ADDL INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

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

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 a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.
 9a. ORGANIZATION'S NAME

[Empty box for Organization's Name]

10. **OPTIONAL FILER REFERENCE DATA**
 200717556803

UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

VILLAGE BANK
 9298 CENTRAL AVE NE

 BLAINE, MN 55434

Filing Number: 200915161408
 Filing Date: 03/03/2009
 Filing Time: 9:07 am
 Processing Office: State of Minnesota
 Secretary of State
 Filed By: UCCOnlineFiling

1. DEBTOR'S EXACT FULL LEGAL NAME

ORGANIZATION'S NAME
 TORSPO HOCKEY INTERNATIONAL, INC.

Mailing Address 12 BRIDGE SQUARE SUITE 103	City ANOKA	State MN	Postal Code 55303	Country USA
Tax ID #: SSN or EIN	Add Info Re Organization Debtor	Type Of Organization CORPORATION	Jurisdiction Of Organization USA MN	Organizational ID #, if any 604863-2 <input type="checkbox"/> None

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME

INDIVIDUAL'S NAME

Last Name	First Name	Middle Name	Suffix
Mailing Address		City	State
		Postal Code	Country
Tax ID # SSN or EIN			

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P)

ORGANIZATION'S NAME
 VILLAGE BANK

Mailing Address 9298 CENTRAL AVE NE	City BLAINE	State MN	Postal Code 55434	Country USA
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4. This FINANCING STATEMENT covers the following collateral:

Accounts Receivable from the Forzani Group (Invoice #5023) including but not limited to all inventory, accounts, equipment and general intangibles whether any of the foregoing is owned now or acquired later all accessions, additions, replacements, and substitutions relating to any of the foregoing all records of any kind relating to any of the foregoing all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds)

5. ALTERNATIVE DESIGNATION (if applicable) Lessor/Lessee Consignor/Consignee Endor/Borrower Seller/Buyer A.O. Lien Non-UCC Filing

6. This FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS Attach Affidavit (if applicable) **7.** Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)
 VILLAGE BANK
 PO BOX 257
 3350 BRIDGE ST NW
 SAINT FRANCIS, MN 55070

Filing Number: 20133379565
Filing Date: 09/13/2013
Filing Time: 1:51 pm
Processing Office: State of Minnesota
 Secretary of State
Filed By: UCCOnlineFiling

1a. INITIAL FINANCING STATEMENT FILE #
 200915161408

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

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. **DELETED 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

[Empty box for Organization's Name]

7. CHANGED (NEW) OR ADDED INFORMATION
7a. ORGANIZATION'S NAME

[Empty box for Organization's Name]

7c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
7d. Tax ID #: SSN or EIN	ADDL. INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any		
				<input type="checkbox"/> NONE		

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

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 a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

[Empty box for Organization's Name]

10. OPTIONAL FILER REFERENCE DATA

[Empty box for Optional Filer Reference Data]