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

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.

212-297-2697 Phone:

llieberman@cozen.com Email: **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

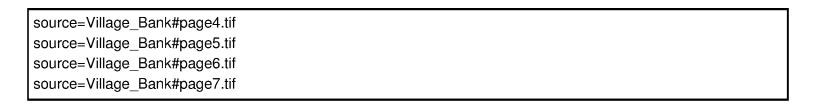
ATTORNEY DOCKET NUMBER:	377699.000
NAME OF SUBMITTER:	Lance J Lieberman
SIGNATURE:	/Lance J Lieberman/
DATE SIGNED:	11/30/2015

Total Attachments: 7

source=Village_Bank#page1.tif source=Village_Bank#page2.tif source=Village Bank#page3.tif

> **TRADEMARK REEL: 005677 FRAME: 0703**

900345637



cv=03676-DWF-FLN Document 22-5 Filed 11/20/15 Page 2 of 8 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

1 1101 EITT HOMBEIN	J 1010 =			
Property Type	Number		Word Mark	
Serial Number:	78288558	TORSPO		
Serial Number:	86577941	TORSPO		

CORRESPONDENCE DATA

6124374500 **Fax Number:**

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.

6124660086 Phone:

skatkov@thompsonhall.com Email:

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

Suite 1675 Address Line 2:

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

case 0.15-cv-03678-DWF-FLN Document 22-5 Filed 11/20/15 Page 3 of 8 source=Torspo - Village Bank UCC Assignment Complete History#page4.tif source=Torspo - Village Bank UCC Assignment Complete History#page5.tif

Filing Number: 831219800022 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

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 (opti	ional)		Filing Num	ber:	2007175		
			Filing Date: Filing Time:		07/18/2007		
B. SEND ACKNOWI, FIDOMENT TO: (Name and A	ddress)				7:36 am		
VILLAGE BANK			Processing	•••••		Minnesota	
9298 CENTRAL AVE NE		ļ				ry of State	
BLAINE, MN 55434			Filed By:		UCCOn	lineFiling	
1. DEBTOR'S EXACT FULL LEGAL NAME							
ORGANIZATION'S NAME TORSPO HOCKEY INTERNATIONAL INC							
TORON O MOSILE MATERIAL MATERI							
Mailing Address		City		State		Postal Code	Country
12 BRIDGE STEET SUITE #3		ANOKA		MN		65303	USA
Tex ID # SSN or EIN Add't info Re Cype Of Organization CORPORATIO	on ON			Of Organizati MN		genizational ID #, if any 14853–2	☐ None
2. ADDITIONAL DEBTOR'S EXACT FULL	LEGAL NA	ME					
INDIVIDUAL'S NAME	First Name			Middle Na	no		Sulfix
Last Name							
4.00		City		State		Postal Code	Country
Mailing Address		City					
Tax ID# SSN or EIN				<u></u>		1	
3. SECURED PARTY'S NAME (or NAME of	TOTAL AS	SIGNEE of ASSIGN	OR S/P)				
ORGANIZATION'S NAME VILLAGE BANK							•
					. <u>.</u>	1=	Country
Mailing Address		City BLAINE		State		Postal Code 55434	USA
9298 CENTRAL AVE NE	<u></u>			<u> </u>			
CONTRACTOR STATE OF THE PARTY O	Internt ·						
4. This FINANCING STATEMENT covers the following coll ALL INVENTORY, ACCOUNTS, EQUIPMENT		L INTANCIBLES WHE	THER ANY	OF THE	FORECOIL	NC IS OWNED NO	OM OR ACQUIRED
LATER ALL ACCESSIONS, ADDITIONS, RE	REGOING ALL	PROCEEDS RELATIN	NS RELAT	OF THE	FOREGOU	NG : INCLUDING	INSURANCE,
GENERAL INTANGIBLES AND OTHER ACCOU	INTS PROCEE	(DS)					
5. ALTERNATIVE DESIGNATION (If applicable)	Lessection		Y Bau	ice/Basler	Sellor/Bu	yer AG. Lion	Non-UCC Films
This FINANCING STATEMENT is to be filled (or recorded) is	Lawlen		RCH REPORT(Selicr/Bu		Non-UCC Films

UC <u>C</u>	Financing statement amendment	3			5040			
A. N	A. NAME & PHONE OF CONTACT AT FILER (optional)		ber:	20122707818				
B. S	END ACKNOWLED OMENT TO: (Name and Address)	Filing Date	;	02/01/20	02/01/2012			
	ILLAGE BANK	Filing Tim	Filing Time:		2:54 pm			
,	O BOX 257	Processing	Office:	State of	Minnesots	ı		
	350 BRIDGE ST NW		, - 4		ry of State			
	AINT FRANCIS, MN 55070							
ľ		Filed By:			iineFiling			
14 ()	vitial financing statement file v			hia FINANCII o ba filod (for i		ENT AMENDMENT	is	
2	100717556803	l		EAL ESTAT				
<u>.</u> [TERMINATION: Effectiveness of the Financing Statement identified above is terminate	d with respect to secu	rity interes	t(a) of the Soc	ered Party suit	corizing this Terminet	ion Statement.	
3.	X CONTINUATION: Effectiveners of the Financing Statement identified above with resp continued for the additional period provided by applicable law.	oct to security interest	(s) of the S	coured Party th	orizing this C	ontinuation Statement		
4. [ASSIGNMENT (full or partial): Give name of exagence in item 7a or 7b and address or	f assignee in item 7c; a	nd elso gi	o name of ess	gnor in Item S).		
5. /	MENDMENT PARTY INFORMATION: This Amendment offsets Debtor &	Secured Party		Check only				
Í		nd/or 7. LETE name: Olve rec e deleted in item 62 or				Complete Item 7a or 7 items 7e-7g (if applic		
	Current record information 5. Organization's Name							
							:	
7.	CHANCED (NEW) OR ADDED INFORMATION 74. ORGANIZATIONS NAME				_ #			
							Levy merry	
7c.	MAILING ADDRESS CITY				STATE	POSTAL CODE	COUNTRY	
7d.	Tax ED #. SSN or EIN ADDI INFO RE CRGANIZATION 7f. FURISDIC CRGANIZATION DESTOR	TION OF ORGANIZ	ATION	18. ORGANIZ	LATIONAL E) #, ifany	NONE	
	AMENIMENT (COLLATERAL CHANGE): check only one box			_				
	Describe collateral deleted or sadded, or give entire restated collab	eral description, or des	eribe colla	toral1	ussigmed.			
						descriptions and her	Debtor which	
9	NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (redds explanated or adds the sutherized Debtor, or if this a Termination authorized by a Debtor.	ame of essigner, if thi inr, check here	and enter	gament). U C name of DERT	na ta en Amen FOR euthorisi	ng this Amendment.		
	92. ORGANIZATIONS NAME			<u></u>				
_	AND THE REPORTED AND THE							
10	OPTIONAL BILER REPERENCE DATA 200717558803							

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

ICC FINANCING	G STATEMI	ENT									
A. NAME & PHONE	OF CONTACT	AT FILER (option	onal)		Filing Nun	iber:	200915161408				
					Filing Date	: :	03/03/20	09			
B. SEND ACKNOW	EDOMENT T	O: (Name and Ad	ldress)	:	Filing Tim	e:	.9:07 am				
VILLAGE BANK					Processing	Office:	State of	Minne	sota		
9298 CENTRAL	AVE NE			,			Secreta	ry of S	tate		
BLAINE, MN 5	5434				Filed By:		UCCOn	lineFil	ing		
I. DEBTOR'S EXA		EGAL NAME									
ORGANIZATION'S TORSPO HOCKEY	NAME										
IOROTO HOOKET	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Mailing Address				City	·····	State MN		Postal C 5530			Country USA
12 BRIDGE SQUAF	RE SUITE 103			ANOKA		MIM					
Tax ID#: SSN or EIN	Addi Info Re Organization Debter	Typo Of Organizatio			Jurisdiction USA	Of Organization		genizatio 14853-:	nsl ID #, if any Z		None
2. ADDITIONAL		XACT FULL I	EGAL NA	ME							
INDIVIDUAL'S NAME					Middle Nam	:0	_			Sulfix	
Las Name					ļ						
Mailing Address			<u> </u>	City		State		Postel	Code		Country
						<u> </u>					
Tex ID# SSN or EIN											
2 SPCIMED PAI	IMAN SIVTS	or NAME of	TOTAL AS	SIGNEE of ASSIC	NOR S/P)						
ORGANIZATION'S	NAME	. (0.		2							
VILLAGE BANK											
					· · · · · · · · · · · · · · · · · · ·	1		Bestel	Codo		Country
Meiling Address 9298 CENTRAL A	VE NE			BLAINE		State MN		554			USA
4. This FINANCING	STATEMENT COV	ere the following colla	teral :			141		:1	inventor	v. accoi	unts.
equipment ar	nd general 1 ceplacements Coregoing al	ucaudio162 Au	acties any	nvoice f5023) in of the foregoin lating to any ci any of the fore	f the form	raing all	record	e of a	eny kind	relating	g to
	, -										
		'amatianhle\	LencoLen	or Consumer Cons	gener Ba	ties/Bailor	Selfor/Bu	yer [AG. Less	Non-UC	C Films
5. ALTERNATIVE		o pe tijtej (et 2000egej) ju staliterarie)		7. Check to REQUEST S		5) on Debter(s)		All Debto	,	Attour 1	Dobtor:
ESTATE RECO		gargini (il st non interior recognist) in	plicalis)	(ADDITIONAL FRE)		ri lonal)	<u> </u>				

E. OPTIONAL FILER REFERENCE DATA

JCC FINANCING STATEMENT AMENUMENT		20133379565	
A. NAME & PHONE OF CONTACT AT FILER (optional)	Filing Number:	09/13/2013	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	Filing Date:	09/13/2018	
VILLAGE BANK	Filing Time: 1:51 pm		
PO BOX 257	Processing Office:	State of Minnesota	
3350 BRIDGE ST NW		Secretary of State	
SAINT FRANCIS, MN 55070	Filed By:	UCCOnlineFilling	
THE PARTY OF A STORY OF THE PARTY.	1b 7	THE FINANCING STATEMENT AMENDMEN	NT 13
LINITIAL FINANCING STATEMENT FILE # 200915161408		o be filed (for record) (or recorded) in the REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above is terminated	with respect to ascurity interes	n(s) of the Secured Party authorizing this Termi	nation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified above with respect continued for the additional period provided by applicable law.	t to security interest(s) of the S	secured Party thorizing this Continuation Statem	ent is
4. ASSIGNMENT (full or partial): Give name of assignme in term 7s or 7b and address of a			
S AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor &	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	Vor 7.	ADD name: Complete item 7a r	a Th. and also item To:
The granton and the address Please refer to the detailed instructions DELR	ITH name: Crive record name deleted in item 6a or 6b.	also complete items 7e-7g (if app	licable).
6. CURRENT RECORD INFORMATION			
6. ORGANIZATION'S NAME			
	·		·
7. CHANGED (NEW) OR ADDED INFORMATION			
78. ORGANIZATIONS NAME			
% MAILING ADDRESS CITY		STATE POSTAL CODE	COUNTRY
7d. Tax ID #: SSN of BIN ADD1 INFO RE ORGANIZATION OF JURISDICT ORGANIZATION DEBTOR	TON OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	☐ NONE
8. AMENIMENT (COLLATERAL CHANGE): check only one box			
Describe collateral deleted or added, or give entire restated collater	al description, or describe colls	turel statemed.	
			n - Debug rehirk
9 NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (managed the collateral or adds the extherizing Debtor, or if this a Termination authorized by a Debtor.)	me of assignor, if this is an ass r, check here and enter	gament). If this is an Amendment surprises of name of DEBTOR authorizing this Amendmen	t.
98. ORDANIZATION'S NAME			
10. OPTIONAL WILER REPERENCE DAYA			
If At variant towns towns and the			
	NAM.		

RECORDED: 11/30/2015