СН \$190.00

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM436273

NATURE OF CONVEYANCE: RELEASE OF SECURITY INTEREST

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
TRAVISMATTHEW, LLC		01/19/2017	Corporation:

RECEIVING PARTY DATA

Name:	WELLS FARGO BANK, NATIONAL ASSOCIATION
Street Address:	500 N. State College Blvd, Suite 1350
City:	Orange
State/Country:	CALIFORNIA
Postal Code:	92868
Entity Type:	Association: UNITED STATES

PROPERTY NUMBERS Total: 7

Property Type	Number	Word Mark
Registration Number:	4158271	TM
Registration Number:	4309301	TM
Registration Number:	4687607	TM
Registration Number:	4592906	TMCA
Registration Number:	4687605	TRAVISMATHEW
Registration Number:	4594328	TRAVISMATHEW
Registration Number:	4248730	TRAVISMATHEW

CORRESPONDENCE DATA

Fax Number: 2155683439

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: 215-568-3100

Email: bhipdocket@bakerlaw.com **Correspondent Name:** Baker & Hostetler LLP

Address Line 1: 2929 Arch Street Address Line 2: Cira Centre, 12/FL

Address Line 4: Philadelphia, PENNSYLVANIA 19104-2891

ATTORNEY DOCKET NUMBER:	108755.000002
NAME OF SUBMITTER:	Lesley Grossberg
SIGNATURE:	/Lesley Grossberg/

REEL: 006112 FRAME: 0079

TRADEMARK

900414484

DATE SIGNED:	07/24/2017
Total Attachments: 12	
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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY								
A. NAME & PHONE OF CONTACT AT FILER [optional]								
Gisella Melendez								
800-331-3282								
B. SEND ACKNOWLEDGMENT TO: (Name and Address) CT LIEN SOLUTIONS			poci	JMENT NUM	BER: 336	895910002		
2727 ALLEN PARKWAY				G NUMBER				
HOUSTON, TX 77019				G DATE: 06				* ***
USA						TRONICALLY I R CA FILING O		
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor	name /1	a or 1b) - d					HICL	OSE ONE
1a. ORGANIZATION'S NAME	maine ()	a 01 1D) - 0	O HOL ADD	TEVIALE OF C	ombine m	411103	-	
TRAVISMATHRW LLC								
OR TO INDIVIDUAL'S LAST NAME	FIRST N	AME			MIDDLE	NAME	- 1	SUFFIX
1c. MAILING ADDRESS	CITY			-	STATE	POSTAL COD	E (COUNTRY
1011 Seal Beach Blvd.	Seal Be	ach			CA	90740		USA
1d. SEE ADD'L DEBTOR INFO	1e. TYP	E OF	if. JURI	SDICTION	1a OBG	ANIZATIONAL I	D#.ifa	nv
INSTRUCTIONS		IZATION	1	ANIZATION	19.01.0		-,,	NONE
	Limited		CA		200719	210194		
	bilityCo	omp any			200110	210101		
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on	ly one d	ebtor name	e (2a or 2b) - do not al	obreviate	or combine nar	nes	
2a, ORGANIZATION'S NAME								
OR 25. INDIVIDUAL'S LAST NAME	FIRST N	AME			MIDDLE	NAME	- 1	SUFFIX
2c. MAILING ADDRESS	CITY				STATE	POSTAL COL	E	COUNTRY
2d. <u>SEE</u> ADD'L DEBTOR INFO	2e. TYP		2f. JURI	SDICTION	2g. ORG	ANIZATIONAL	D#, if a	iny
INSTRUCTIONS	ORGAN	IZATION	OF ORG	ANIZATION				NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A	CCICNO	B C/D) in	oort only	no controd	party par	no (3a or 3h)		
3. SECURED PARTY'S NAME (OF NAME OF TOTAL ASSIGNEE OF A	SSIGNO	n 3/F) - III:	sert offing s	me secured	party nai	ne (sa or sb)		
Wells Fargo Bank, National Association								
OR 3b. INDIVIDUAL'S LAST NAME	FIRS	NAME		MIDDLE NA	ME		SUFFI	Х
DD. INDIVIDUAL O EAST HAME	["							
3c. MAILING ADDRESS	СІТҮ			STATE	POSTAL	CODE	COUN	TRY
500 North State College Blvd., 13th Floor	Oran	ge		CA	92868		USA	
4. This FINANCING STATEMENT covers the following collateral:		<u> </u>						
All accounts, chattel paper, instruments, documents, general								
intangibles and other rights to payment of every kind now or a	at any tii	ne						
hereafter arising out of the business of Debtor, and all goods r	eturned	bv						
or repossessed from Debtor's customers;		- 4						
Cr Especialistic Edita Especialis Successions,								
all inventory, raw materials, component parts, work in process	s and/or							
materials now or at any time hereafter used or consumed in D	ebtor's							
business, and all warehouse receipts, bills of lading and other	docume	nts						
evidencing goods now owned or hereafter acquired by Debtor	and all	goods						
5. ALT DESIGNATION: LESSEE/LESSOR CONSIGNEE/CONS			BAILOR I	SELLER/B	UYER 📆	AG. LIEN NO	N-UCC	FILING
6. This FINANCING STATEMENT is to be filed [for record] (or	, — , ,	7. Check t	o REQUE	ST SEARCH	REPORT	'(S) on Debtor(s	\$)	
recorded) in the REAL ESTATE RECORDS		PADDITION	NAL FEET	[optiona	ij 🗀 Ali De	ebtors Debto	or t 🗀	Debtor 2
Attach Addendum [if applicable]				F = 1 1 + m				
8. OPTIONAL FILER REFERENCE DATA								
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UCC FINANCING STATEMENT ADDENDUM

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9. N	AME OF FIRS	T DEBTOR (1a c	r 1b) ON RELATED	FINANCING	STATEMENT						
		ATION'S NAME									
		THEW, LLC				_					
	9b. INDIVIDU	AL'S LAST	FIRST NAME	N	IIDDLE NAME, SUFF	× I					
	NAME					- [
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10.	MISCELLANE	008:									
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	11a. ORGANI	ZATION'S NAME	,								
OR	116 INDIVIDI	JAL'S LAST NAM	AF		FIRST NAME			MIDDLE N	VAME		SUFFIX
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INS	TRUCTIONS	ADD'L DEBTOR	INFO	,	11e. TYPE OF ORGANIZATION	11f. JU OF OR	RISDICTION GANIZATION	11g. ORG	ANIZATION	IAL ID#, i	f any MONE
INS	TRUCTIONS			SNIOD SIDIS N	ORGANIZATION	OFOR	GANIZATION	11g. ORG	ANIZATION	IAL ID#, i	
112.	TRUCTIONS	AL SECURED PA	ARTY'S <u>or</u> MASSIC	GNOR S/P'S N		OFOR	GANIZATION	11g. ORG	ANIZATION	IAL ID#, i	
112.	TRUCTIONS ADDITION 12a. ORGANI	AL SECURED PAZATION'S NAME	ARTY'S <u>or</u> MASSIC	GNOR S/P'S N	ORGANIZATION	OFOR	GANIZATION	11g. ORG	ANIZATION	IAL ID#, i	
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12.	TRUCTIONS ADDITION 12a. ORGANI	AL SECURED PA ZATION'S NAME JAL'S LAST NAI	ARTY'S <u>or</u> MASSIC	GNOR S/P'S N	ORGANIZATION NAME - insert only <u>or</u>	OFOR	GANIZATION (12a or 12b)			SUFF	None
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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

1. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 1a. ORGANIZATION'S NAME TRAVISMATHEW, LLC OR 1b. INDIVIDUAL'S LAST NAME 2. MISCELLANEOUS:	
TRAVISMATHEW, LLC OR 16. INDIVIDUAL'S LAST FIRST NAME MIDDLE NAME, SUFFIX NAME	
OR 16. INDIVIDUAL'S LAST FIRST NAME MIDDLE NAME, SUFFIX NAME	
NAME	
2. MISCELLANEOUS:	
2. MISCELLANEOUS:	
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3. This FINANCING STATEMENT covers the following collateral:

of Debtor now owned or hereafter acquired, wherever located, and all proceeds of any of the foregoing, whether arising from the sale, lease or other use or disposition thereof, including without limitation, all rights to payment with respect to any insurance, including returned premiums, or any cause of action relating to any of the foregoing.

all proceeds of any of the foregoing, whether arising from the sale, lease or other use or disposition thereof, including without limitation, all rights to payment with respect to any insurance, including returned premiums, or any cause of action relating to any of the foregoing.

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UCC FINANCING STATEMENT AMENDMENT

OLL	DWINSTRUCTIONS		_	ı			
	ME & PHONE OF CONTACT AT FILER (optional)						
	iselia Melendez						
	00-331-3282		_				
B. E-	MAIL CONTACT AT FILER (optional)						
	END ACKNOWLEDGMENT TO: (Name and Address) T LIEN SOLUTIONS						
2	727 ALLEN PARKWAY					ER: 55983640002	
	OUSTON, TX 77019			FILING NU		5-75333336 /2016 09:21	
U	SA						
				THE ABOVE	SPACE IS	LECTRONICALLY FOR FOR CA FILING OFFICE	E USE ONLY
	ITIAL FINANCING STATEMENT FILE NUMBER 7319023808		16.3	:This FINANCING S recorded) in the REAL (Form UCC3Ad) <u>and</u> p	TATEMENT A ESTATE REC Tovide Debtor	AMENDMENT is to be filed (fo CORDS, Filer: <u>Attach</u> Amenda *s name in item 13	er record] (or ment Addendum
2. [TERMINATION: Effectiveness of the Financing Statement Identified above is terminated	d with respect to the secu	rity I	nterest(s) of Secured F	arly authoriz	ing this Termination Statemen	ri.
3. (Fe	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address r partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8	of Assignee in item 7c an	nd na	ame of Assignor in item	9		
4. T.	CONTINUATION: Effectiveness of the Financing Statement identified above with respenditional period provided by applicable law	ect to the security interest((s) o	f Secured Party author	izing this Cor	ntinuation Statement is continu	ed for the
Chec	PARTY INFORMATION CHANGE: k one of these two boxes: AND Check one of these thr			ADD name: (Complete iten	DELETE name: Give	e record name
This	Change affects Debtor or Secured Party of record.	nd/or address: Complete Item 7a and 7b <u>and</u> Item	7c	1 7a or 7b, <u>and</u>	item 7c	in item	6a or 6b
6. C	URRENT RECORD INFORMATION: Complete for Party Information Change - provid	le only <u>one</u> name (6a or 6l	b)				
3	6a. ORGANIZATION'S NAME TRAVISMATHEW, LLC				,		
OR	6b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	ΙE		ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
7. CI	ANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Chan	ge - provide only <u>one</u> nam	ne (7	ra or 7b) (use exact, fu	I name; do n	ot omit, modify, or abbreviate	any part of the
D	ebtor's name)						
	7a. ORGANIZATION'S NAME TravisMathew, LLC						
	7b. INDIVIDUAL'S SURNAME						
ОR	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c. N	ialling address 520 Delta Lane, Suite 104	спу Huntington Веза	ch		STATE CA	POSTAL CODE 92647	COUNTRY USA
, ř	COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE aniidaral	٦	RESTATE covered of	olisteral 3	ASSIGN collateral	
8. y. Ir	.; COLLATERAL CHANGE: Also check one of these four boxes:	2 DELETE Wilateral	`		onatoral P.	. Approve solution	
L							
9. N	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND this is an Amendment authorized by a DEBTOR, check here and provide name of au	MENT: Provide only <u>and</u> thorizing Debtor	nar	ne (9a or 9b) (name of	Assignor, if t	his is an Assignment)	
\Box	a. organizations name Well's Fargo Bank, National Association						
OR	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	ΛE		ADDITION	AL NAME(S)INITIAL(S)	SUFFIX
<u></u>			_		<u> </u>		
10.	OPTIONAL FILER REFERENCE DATA: -0-54613191-51780265						

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UCC FINANCING STATEMENT AMENDMENT

OLLO	OWINSTRUCTIONS		_				
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	00-331-3282		- 1				
	MAIL CONTACT AT FILER (optional)						
	END ACKNOWLEDGMENT TO: (Name and Address)						
	TLIEN SOLUTIONS		ı	2001111			
	727 ALLEN PARKWAY			DOCUMEN FILING NU		ER: 59033250002	
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u	Ort.		ı		CDATED C	LECTRONICALLY FOR	VINE EN INC
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	NITIAL FINANCING STATEMENT FILE NUMBER		1b.)	This FINANCING S coorded) in the REAL	TATEMENT	AMENDMENT is to be filed (fo CORDS. Filer: <u>Atlach</u> Amendo	or record] (or ment Addendum
12-	7319023806		(Form UĆC3Ad) <u>and</u> p	ovide Debto	's name in item 13	
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3. (Fo	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> addres or partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item	s of Assignee in item 7c <u>a</u> B	nd na	me of Assignar in item	9		
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see attached.

This page and any following pages include and merge any text received for the collateral description with any attachments.

EXHIBIT A TO UCC FINANCING STATEMENT

This Exhibit A is attached to and made a part of that certain UCC Financing Statement naming TRAVISMATHEW, LLC as Debtor, and WELLS FARGO BANK, NATIONAL ASSOCIATION as Secured Party.

The following is hereby incorporated into said UCC Financing Statement as the description of the collateral subject thereto:

All trademark and servicemark rights and the entire goodwill of the business of Debtor connected with and symbolized by such trademarks (collectively, the "Trademarks");

All claims for damages by way of past, present and future infringement of the Trademarks;

All licenses or other rights to use any of the Trademarks, and all license fees and royalties arising from such use to the extent permitted by such license or rights;

All proceeds and products of the foregoing, including without limitation all payments under insurance or any indemnity or warranty payable in respect of any of the foregoing.

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UCC FINANCING STATEMENT AMENDMENT

	LOWINSTRUCTIONS					
G	IAME & PHONE OF CONTACT AT FILER (optional) Gissella Melendez					
8	300-331-3282					
B. E	E-MAIL CONTACT AT FILER (optional)					
C	SEND ACKNOWLEDGMENT TO: (Name and Address) TELIEN SOLUTIONS 2727 ALLEN PARKWAY		T DOGUMEN		-D. 50002420000	
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