

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM440863

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
COUNTRY LIFE INSURANCE COMPANY MUTUAL INSURANCE COMPANY		08/28/2017	Corporation:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	COUNTRY LIFE INSURANCE COMPANY		
<b>Street Address:</b>	1701 Towanda Avenue		
<b>City:</b>	Bloomington		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	61701		
<b>Entity Type:</b>	Corporation: ILLINOIS		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	0899420	COUNTRY COMPANIES	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3095572612		
<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>			
<b>Phone:</b>	309-557-3139		
<b>Email:</b>	trademarks@iffb.org		
<b>Correspondent Name:</b>	Colin M. Haley		
<b>Address Line 1:</b>	1701 Towanda Avenue		
<b>Address Line 4:</b>	Bloomington, ILLINOIS 61701		
<b>NAME OF SUBMITTER:</b>	Colin M. Haley		
<b>SIGNATURE:</b>	/colin m haley/		
<b>DATE SIGNED:</b>	08/28/2017		
<b>Total Attachments: 1</b> source=Cover Sheet#page1.tif			

OP \$40.00 0899420

# RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

### 1. Name of conveying party(ies):

COUNTRY LIFE INSURANCE COMPANY MUTUAL  
INSURANCE COMPANY

- Individual(s)                       Association  
 Partnership                       Limited Partnership  
 Corporation- State: Illinois  
 Other \_\_\_\_\_

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

### 3. Nature of conveyance/Execution Date(s) :

Execution Date(s) 08/28/2017

- Assignment                       Merger  
 Security Agreement               Change of Name  
 Other \_\_\_\_\_

### 2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached?  Yes  No

Name: COUNTRY LIFE INSURANCE COMPANY

Street Address: 1701 TOWANDA AVENUE

City: BLOOMINGTON

State: ILLINOIS

Country: USA Zip: 61701

- Individual(s) Citizenship \_\_\_\_\_  
 Association Citizenship \_\_\_\_\_  
 Partnership Citizenship \_\_\_\_\_  
 Limited Partnership Citizenship \_\_\_\_\_  
 Corporation Citizenship ILLINOIS  
 Other \_\_\_\_\_ Citizenship \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
(Designations must be a separate document from assignment)

### 4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) \_\_\_\_\_ Text \_\_\_\_\_

B. Trademark Registration No.(s)

0899420

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

Word mark COUNTRY COMPANIES

### 5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Colin M. Haley

Internal Address: \_\_\_\_\_

Street Address: 1701 Towanda Avenue

City: Bloomington

State: Illinois Zip: 61701

Phone Number: 309-557-3139

Docket Number: \_\_\_\_\_

Email Address: trademarks@ilfb.org

### 6. Total number of applications and registrations involved:

1

### 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ \_\_\_\_\_

- Authorized to be charged to deposit account  
 Enclosed

### 8. Payment Information:

Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

9. Signature: \_\_\_\_\_ /colin m haley/

08/28/2017

Signature

Date

Colin M. Haley

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 1

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

**TRADEMARK**

RECORDED: 08/28/2017

REEL: 006139 FRAME: 0186