

Form PTO-1594 (Rev. 07/05)
OMB Collection 0651-0027 (exp. 6/30/2008)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

**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):

BANK OF THE WEST
700 MAIN STREET SUITE 212
NAPA, CA 94559

- Individual(s) Association
 General Partnership Limited Partnership
 Corporation- State: CALIFORNIA
 Other _____

Citizenship (see guidelines) CALIFORNIA

Additional names of conveying parties attached? Yes No

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

Execution Date(s) AUGUST 8, 2018

- Assignment Merger
 Security Agreement Change of Name
 Other RELEASE

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: H.D.D. LLC

Internal

Address: _____

Street Address: 5610 DRY CREEK ROAD

City: HEALDSBURG

State: CALIFORNIA

Country: USA

Zip: 95448

- Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship _____
 Other LLC Citizenship CALIFORNIA

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)

SEE ATTACHED

B. Trademark Registration No.(s)

SEE ATTACHED

Additional sheet(s) attached? Yes No

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

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

Name: CT Lens Solutions

Internal Address: _____

Street Address: 187 Wolf Road, Suite 101

City: Albany

State: NY

Zip: 12205

Phone Number: 800-342-3676 Ext. 4064

Fax Number: 800-942-7049

Email Address: cls-ct@albany@wolterskluwer.com

6. Total number of applications and registrations involved:

4

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 65

- Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers

0974

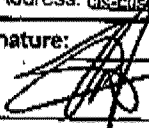
Expiration Date

03/21

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:



Signature

DEBRA COFFMAN

Name of Person Signing

08/08/2018

Date

Total number of pages including cover sheet, attachments, and document: 3

Documents to be recorded (including cover sheet) should be faxed to (671) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

OP \$115.00 85329705

**RELEASE OF SECURITY AGREEMENT COVERING
INTEREST IN TRADEMARKS**

Bank of the West ("Secured Party"), hereby releases its security interest in the interest of H.D.D., a California Limited Liability Company (Assignor) in the following trademarks:

Serial No:	Reg No:	Word Mark
85329705	4207160	FUGITIVE
85685336		FUGITIVE
85917204		MOFO
85715333		THE CRIMINAL

As each is set forth in that certain Security Agreement, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on March 24, 2014, Reel 5242, Frame 0851.

Dated :

Bank of the West

By: _____

Name: Debra Coffman

Title: Vice President