

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM502745

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	RELEASE OF SECURITY INTEREST		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Sovereign Bank		07/22/2009	Federal Savings Bank: UNITED STATES
RECEIVING PARTY DATA			
Name:	Stirrings, LLC		
Street Address:	800 South Main Street		
City:	Mansfield		
State/Country:	MASSACHUSETTS		
Postal Code:	02048		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Registration Number:	3087636	STIRRINGS	
Registration Number:	2790831	RIMMER	
Serial Number:	78698650	STIRRINGS	
Serial Number:	77072669	STIRRINGS	
Serial Number:	77072687	STIRRINGS	
CORRESPONDENCE DATA			
Fax Number:	2027393001		
<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:	202-739-5545		
Email:	michelle.raynes@morganlewis.com		
Correspondent Name:	Daniel Marks		
Address Line 1:	1111 Pennsylvania Avenue, NW		
Address Line 4:	Washington, D.C. 20004		
ATTORNEY DOCKET NUMBER:	046411.1035		
NAME OF SUBMITTER:	Michelle S. Raynes		
SIGNATURE:	/Michelle S. Raynes/		
DATE SIGNED:	12/19/2018		

CH \$140.00 3087636

Total Attachments: 9

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Delaware

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The First State

CERTIFICATE

SEARCHED JULY 28, 2009, AT 1:45 P.M.
FOR DEBTOR "STIRRINGS, LLC"

1 OF 3 FINANCING STATEMENT 71154268
EXPIRATION DATE: MARCH 28, 2012
DEBTOR: STIRRINGS, LLC
ONE WEST STREET
FALL RIVER MA 02720 ADDED 03-28-07
SECURED: SOVEREIGN BANK
ONE SOVEREIGN PLACE
NEW BEDFORD MA 02740 ADDED 03-28-07

F I L I N G H I S T O R Y
71154268 FILED 03-28-07 AT 11:10 A.M. FINANCING STATEMENT
92353297 FILED 07-22-09 AT 3:48 P.M. TERMINATION
92374335 FILED 07-24-09 AT 9:19 A.M. TERMINATION


2 OF 3 FINANCING STATEMENT 71154516
EXPIRATION DATE: MARCH 28, 2012
DEBTOR: STIRRINGS, LLC
ONE WEST STREET
FALL RIVER MA 02720 ADDED 03-28-07
SECURED: BUSINESS DEVELOPMENT COMPANY OF RHODE ISLAND
40 WESTMINSTER STREET
SUITE 702
PROVIDENCE RI 02903 ADDED 03-28-07

F I L I N G H I S T O R Y
71154516 FILED 03-28-07 AT 11:17 A.M. FINANCING STATEMENT
92353032 FILED 07-22-09 AT 3:44 P.M. TERMINATION

3 OF 3 FINANCING STATEMENT 71154847
EXPIRATION DATE: MARCH 28, 2012
DEBTOR: STIRRINGS, LLC
ONE WEST STREET
FALL RIVER MA 02720 ADDED 03-28-07
SECURED: MASSACHUSETTS CAPITAL RESOURCE COMPANY
420 BOYLSTON STREET
BOSTON MA 02116 ADDED 03-28-07

F I L I N G H I S T O R Y




Jeffrey W. Bullock, Secretary of State

20092410337UCXN

AUTHENTICATION: 7443062

090732925

DATE: 07-28-09

TRADEMARK
REEL: 006504 FRAME: 0043

Delaware

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The First State

71154847 FILED 03-28-07 AT 11:25 A.M. FINANCING STATEMENT
92353222 FILED 07-22-09 AT 3:46 P.M. TERMINATION
E N D O F F I L I N G H I S T O R Y

THE UNDERSIGNED FILING OFFICER HEREBY CERTIFIES THAT THE ABOVE LISTING IS A RECORD OF ALL PRESENTLY EFFECTIVE FINANCING STATEMENTS, FEDERAL TAX LIENS AND UTILITY SECURITY INSTRUMENTS FILED IN THIS OFFICE WHICH NAME THE ABOVE DEBTOR, AS OF JULY 13, 2009 AT 11:59 P.M.



20092410337UCXN

090732925

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7443062

DATE: 07-28-09

TRADEMARK
REEL: 006504 FRAME: 0044

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

DELAWARE DEPARTMENT OF STATE
 U.C.C. FILING SECTION
 FILED 11:10 AM 03/28/2007
 INITIAL FILING # 2007 1154268

SRV: 070370910

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Allan Willson 4014909801

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

REAVIS CIANCIOLO LLC
 55 DORRANCE STREET
 SUITE 200
 PROVIDENCE RI 02903

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
 STIRRINGS, LLC

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 ONE WEST STREET FALL RIVER MA 02720 US

1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION
 LTD LIABILITY COMPANY DE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
 SOVEREIGN BANK

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 ONE SOVEREIGN PLACE NEW BEDFORD MA 02740 US

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) (OPTIONAL FEE) (optional)

All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

Sovareign/Stirrings

UCC FINANCING STATEMENT ADDENDUM - COLLATERAL

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT		
9a. ORGANIZATION'S NAME		
STIRRINGS, LLC		
OR	9b. INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX

This FINANCING STATEMENT covers the following collateral

All assets of Debtor, including without limitation all tangible and intangible personal property and all fixtures.

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

DELAWARE DEPARTMENT OF STATE
U.C.C. FILING SECTION
FILED 03:48 PM 07/22/2009
INITIAL FILING # 2007 1154268
AMENDMENT # 2009 2353297
SRV: 090719433

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

After Filing Return To:
CT CORPORATION
Attn: John Salvage
4400 Easton Commons Way, Suite 125
Columbus Ohio 43219

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **2007 1154268**

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 items 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: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. **DELETE** name: Give record name to be deleted in item 6a or 6b. **A430** name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME
Stirrings, LLC

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

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"/> NO

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 who adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
Sovereign Bank

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**
Sovereign/Stirrings/Delaware 75 7616139-7

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

DELAWARE DEPARTMENT OF STATE
U.C.C. FILING SECTION
FILED 09:19 AM 07/24/2009
INITIAL FILING # 2007 1154268
AMENDMENT # 2009 2374335
SRV: 090724446

A. NAME & PHONE OF CONTACT AT FILER [optional]	
Diligenz	8008585294
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
CORPORATION SERVICE COMPANY	
2711 CENTERVILLE ROAD	
SUITE 400	
WILMINGTON DE 19808	

1a. INITIAL FINANCING STATEMENT FILE # 2007 1154268	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>
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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: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. **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 7d-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME			
OR			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME			
OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION
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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**

Sovereign Bank

10. **OPTIONAL FILER REFERENCE DATA**

8496 52030041-109 Stirrings LLC [43944126]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 862-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	13475 SOVEREIGN BANK
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	12403282 MAMA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Stirings, LLC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS One West Street		CITY Fall River	STATE MA	POSTAL CODE 02720
1d. SEE INSTRUCTIONS	ADDL INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION MA	1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. SEE INSTRUCTIONS	ADDL INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Sovereign Bank				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 2 Morrissey Blvd		CITY Dorchester	STATE MA	POSTAL CODE 02125

4. This FINANCING STATEMENT covers the following collateral:

See Schedule attached

5. ALTERNATIVE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> A.G. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Address.	7. Check to REQUEST SEARCH REPORT(S) on Debtors (if applicable) (ADDITIONAL FEE)		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2			

12403282-158440-6-2539039

Carol Dioguardi

0755 #003-0005320-000

SCHEDULE 'A'

Schedule referred to in and made part of lease agreement number 001-000320-000 dated _____ between Stivings, LLC as Lessee and Sovereign Bank, as Lessor

Equipment Listing

1. VFLIG Rebuilt Class II Capper with new set of machine change parts including:
 - 6R25 High Speed Rebuilt Hopper with new cap turnover
 - Complete Electric Control Panel
 - ASM Extended Conveyor - Entrance 2 ORA7396 3FT - VF/VG
 - ASM Extended Conveyor - Discharge 2 ORA7392 06-2FT - VF

2. ESP Triple Head Drop Pack Grid configured for a DP-50 Case Packer using existing overhead brakes. Cases to be slug fed flaps straight up.

3. Trine Model 4500PS Labeler complete with PLC-based control system including:
 - Allen Bradley PLC SLC504
 - Allen Bradley Touch screen Panel View 1000 Plus
 - Low Label Alarm with amber indicator light when label supply is low
 - Broken Label Alarm with red indicator light when label web breaks
 - Transformer - transforms voltage pf 240V required to operate labeler
 - Spare Parts Kit containing essential spare parts recommended to maintain the operation of the labeling system

By: Sovereign Bank
 LESSOR

 Lessor Signature

 Print Name and Title

By: Stivings, LLC
 LESSEE

[Signature]
 Lessee Signature

[Signature]
 Print Name and Title

CD-000000-0000

TOTAL P.02

TRADEMARK TOTAL P.02

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

After Filing Return To:
 CT CORPORATION
 Attn: John Salvage
 4400 Easton Commons Way, Suite 125
 Columbus Ohio 43219

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **2007 60477810**

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.

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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 5 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. **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 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
Stirrings, LLC

OR

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

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 NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
 Describe collateral deleted or added, or give entire related 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 is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
Sovereign Bank

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
Sovereign/Stirrings/MA **7616139-3**

TRADEMARK