

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM510123

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	SECURITY INTEREST		
RESUBMIT DOCUMENT ID:	900483430		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
ST. IDES INC.		01/18/2019	Corporation: DELAWARE
RECEIVING PARTY DATA			
Name:	The Stroh Companies, Inc.		
Doing Business As:			
Street Address:	100 RIVER PLACE SUITE 5000		
City:	Detroit		
State/Country:	MICHIGAN		
Postal Code:	48207		
Entity Type:	Corporation: DELAWARE		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	1539490	ST. IDES	
Registration Number:	3663023	ST. IDES HIGH GRAVITY MALT LIQUOR	
Registration Number:	1512002	ST. IDES	
CORRESPONDENCE DATA			
Fax Number:			
<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:	7342133631		
Email:	glime@butzel.com		
Correspondent Name:	Ashley A Glime		
Address Line 1:	301 E Liberty St		
Address Line 2:	Suite 500		
Address Line 4:	Ann Arbor, MICHIGAN 48104		
NAME OF SUBMITTER:	Ashley Glime		
SIGNATURE:	/Ashley Glime/		
DATE SIGNED:	02/14/2019		
Total Attachments: 1			

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
HEATHER DAVIAU (248)259-3868

B. E-MAIL CONTACT AT FILER (optional)
DAVIAU@BUTZEL.COM

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

BUTZEL LONG
41000 WOODWARD AVE.
STONERIDGE WEST
BLOOMFIELD HILLS, MI 48304

Delaware Department of State
U.C.C. Filing Section
Filed: 01:19 PM 01/18/2019
U.C.C. Initial Filing No: 2019 0428859
Service Request No: 20190367750

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
ST. IDES INC.

OR

1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
16192 COASTAL HIGHWAY LEWES DE 19958 US

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
THE STROH COMPANIES, INC.

OR

3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
100 RIVER PLACE, SUITE 5000 DETROIT MI 48207 US

4. COLLATERAL: This financing statement covers the following collateral:
(a) The trademarks, including each trademark registration and application (listed in Schedule 1 of the Security Agreement dated December 17, 2018), together with all the goodwill of the business connected with the use of and symbolized by each trademark, and all existing applications, extensions and renewals thereof; (b) the intellectual property and social media properties related to or used in connection with the trademarks and listed in Schedule 2 of the Security Agreement dated December 17, 2018; (c) the License(s) identified in Schedule 3 of the Security Agreement dated December 17, 2018, and all of the goodwill of the business connected with the use of or symbolized by each Trademark licensed pursuant thereto; and (d) all proceeds of and revenues from the foregoing, including without limitation, all proceeds of and revenues from any claim or cause of action by Grantor against third parties with respect to any of the foregoing, for past, present or future unfair competition with, or violation of intellectual property rights in connection with or injury to, or infringement or dilution of the Trademark and all rights and benefits of Grantor under the License(s), or for injury to the goodwill associated with any of the foregoing.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA: