

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM592385

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	RELEASE OF SECURITY INTEREST
RESUBMIT DOCUMENT ID:	900558839

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
HG Holdings, Inc.	FORMERLY STANLEY FURNITURE COMPANY, INC.	03/17/2020	Corporation: DELAWARE

RECEIVING PARTY DATA

Name:	Stanley Furniture Company LLC
Also Known As:	Churchill Downs LLC
Street Address:	200 N. HAMILTON ST. SUITE 200
City:	HIGH POINT
State/Country:	NORTH CAROLINA
Postal Code:	27260
Entity Type:	Limited Liability Company: DELAWARE

PROPERTY NUMBERS Total: 6

Property Type	Number	Word Mark
Registration Number:	4134394	BUILTTOGROW
Registration Number:	4561475	CROSSPOINTE
Registration Number:	2906389	STANLEY FURNITURE
Registration Number:	4917606	STANLEY FURNITURE
Registration Number:	2500012	YOUNG AMERICA
Registration Number:	4917605	

CORRESPONDENCE DATA

Fax Number: 3368847751

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: 3366888933

Email: darnold@stanleyfurniture.com

Correspondent Name: DEREK ARNOLD

Address Line 1: 200 N. HAMILTON ST. SUITE 200

Address Line 4: HIGH POINT, NORTH CAROLINA 27260

NAME OF SUBMITTER: DEREK ARNOLD

SIGNATURE:	/DEREK ARNOLD/
DATE SIGNED:	08/17/2020
Total Attachments: 1 source=R1 - HG - CHAR2 - 2259698v1 - UCC-3 Termination re 20181413000#page1.tif	

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) MURIEL POWELL (704) 331-1000
B. E-MAIL CONTACT AT FILER (optional) MURIELPOWELL@MVALAW.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) MOORE & VAN ALLEN PLLC 100 NORTH TRYON STREET SUITE 4700 CHARLOTTE, NC 28202-4003

Delaware Department of State
U.C.C. Filing Section
Filed: 10:28 AM 03/17/2020
U.C.C. Initial Filing No: 2018 1413000
Amendment No: 2020 1964347
Service Request No: 20202185586

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
20181413000

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. **PARTY INFORMATION CHANGE:**
Check one of these two boxes: Debtor or Secured Party of record
AND Check one of these three boxes to:
 CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c
 ADD name: Complete item 7a or 7b, and item 7c
 DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8. **COLLATERAL CHANGE:** Also check one of these four boxes: ADD collateral; DELETE collateral; RESTATE covered collateral; ASSIGN collateral
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a **DEBTOR**, check here and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME
HG HOLDINGS, INC.

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA:**
FILED W/ DE-SOS; STANLEY FURNITURE COMPANY LLC