OP \$215.00 2263

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM593466

NATURE OF CONVEYANCE: UCC FINANCING STATEMENT

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
TS ALOHA, INC.		10/23/2019	Corporation: HAWAII

RECEIVING PARTY DATA

Name:	CENTRAL PACIFIC BANK
Street Address:	P O BOX 3590
City:	HONOLULU
State/Country:	HAWAII
Postal Code:	96811-3590
Entity Type:	Corporation: HAWAII

PROPERTY NUMBERS Total: 8

Property Type	Number	Word Mark
Registration Number:	2263863	DUKE'S CANOE CLUB
Registration Number:	2525328	DUKE'S SURF CITY
Registration Number:	2373133	DUKE'S BAREFOOT BAR
Registration Number:	4238039	DUKE'S MAUI
Registration Number:	4242322	DUKE'S BEACH HOUSE
Registration Number:	4242323	DUKE'S BEACH HOUSE MAUI
Registration Number:	4923440	DUKE'S LA JOLLA
Registration Number:	2425387	DUKE KAHANAMOKU'S

CORRESPONDENCE DATA

Fax Number: 8085405044

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: 8085219233

Email: kkrzykowski@cades.com
Correspondent Name: Keri Ann K. S. Krzykowski

Address Line 1: 1000 Bishop Street

Address Line 2: 12th Floor

Address Line 4: Honolulu, HAWAII 96813

NAME OF SUBMITTER:	Keri Ann K .S. Krzykowski
SIGNATURE:	/Keri Ann K. S. Krzykowski/

IRADEMARK

900565555 REEL: 007031 FRAME: 0484

DATE SIGNED: 08/21/2020

Total Attachments: 2
source=CPB - TS ALOHA- UCC-1 (CS 10.10)#page1.tif
source=Exhibit 1#page1.tif

TRADEMARK REEL: 007031 FRAME: 0485

MAILING ADDRESS MAILING ADDRESS 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 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 TIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX TOTAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTR COUNTR COUNTR COUNTR COUNTR COUNTR COUNTR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTR	OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT	AT FILER (optional)				
Central Pacific Bank P.O. Box 3590 Honolulu, Hawaii 96811-3590 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gag 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 information in term 10 of the Financing Statement Addendum (Form UCC1Ac) 1a. ORGANIZATION'S NAME TS ALOHA, INC. 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 10 Kupuohi Street, Suite 206 Lahaina STATE POSTAL CODE 10 Kupuohi Street, Suite 206 Lahaina STATE POSTAL CODE 10 Kupuohi Street, Suite 206 Lahaina STATE POSTAL CODE 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE COUNTR 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE COUNTR 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE COUNTR 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE COUNTR 10 Kupuohi Suinnital Suinnit	. E-MAIL CONTACT AT FILER (op	otional)				
Central Pacific Bank P.O. Box 3590 Honolulu, Hawaii 96811-3590 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gag 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 information in term 10 of the Financing Statement Addendum (Form UCC1Ac) 1a. ORGANIZATION'S NAME TS ALOHA, INC. 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 10 Kupuohi Street, Suite 206 Lahaina STATE POSTAL CODE 10 Kupuohi Street, Suite 206 Lahaina STATE POSTAL CODE 10 Kupuohi Street, Suite 206 Lahaina STATE POSTAL CODE 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE COUNTR 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE COUNTR 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE COUNTR 10 Kupuohi Street, Suite 206 CITY STATE POSTAL CODE COUNTR 10 Kupuohi Suinnital Suinnit	0.5112 1.01410111 52.01511 52					
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 Detail 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 TS ALOHA, INC. 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1b. INDIVIDUAL'S SURNAME POSTAL CODE COUNTR 1b. INDIVIDUAL'S SURNAME POSTAL CODE COUNTR 1c. ORGANIZATION'S NAME POS	Central Pacific Bank	o: (Name and Address)	\neg			
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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME TS ALOHA, INC. 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS OKUPUOHI Street, Suite 206 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME MAILING ADDRESS OKUPUOHI Street, Suite 206 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 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 FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 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 CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTR CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTR POSTAL CODE COUNTR CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS COLLATERAL: This financing statement covers the following collateral:		11-3590				
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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME TS ALOHA, INC. 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS OKUPUOHI Street, Suite 206 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME MAILING ADDRESS OKUPUOHI Street, Suite 206 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 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 FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 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 CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTR CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTR POSTAL CODE COUNTR CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS COLLATERAL: This financing statement covers the following collateral:	L			OVE SPACE IS F	OR FILING OFFICE USE	ONLY
TS ALOHA, INC. Ib. INDIVIDUAL'S SURNAME MAILING ADDRESS OK EQUADITY 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 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 ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTR COUNTR 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 CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 5a. ORGANIZATION'S NAME CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX POSTAL CODE COUNTR CITY STATE POSTAL CODE COUNTR CITY MAILING ADDRESS CITY STATE POSTAL CODE COUNTR POSTAL CODE COUNTR COUNTR COLLATERAL: This financing statement covers the following collateral:			ull name; do not omit, modify, or abbreviate	any part of the Debt	or's name); if any part of the Ir	ndividual Deb
MAILING ADDRESS OKUPUOHIS STREET, Suite 206 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 and 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX BY AND ADDRESS CITY STATE POSTAL CODE COUNTR CITY STATE POSTAL CODE COUNTR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SUFFIX SUFFIX ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CENTRAL PACIFIC BANK 3c. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CENTRAL PACIFIC BANK 3c. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTR CENTRAL PACIFIC BANK 3c. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTR COUNTR COUNTR COUNTR MAILING ADDRESS CITY STATE POSTAL CODE COUNTR						
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 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 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. OHGANIZATION'S NAME CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX O. Box 3590 COLLATERAL: This financing statement covers the following collateral:	<u> </u>		FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
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 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 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX O. Box 3590 COLLATERAL: This financing statement covers the following collateral:	 . MAILING ADDRESS 10 Kupuohi Street, Su					COUNTRY
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 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTR 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 CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTR						
MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 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 CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY Honolulu COLLATERAL: This financing statement covers the following collateral:	name will not fit in line 2b, leave all of					
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 CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS CITY Honolulu COLLATERAL: This financing statement covers the following collateral:	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
ADDITIONAL NAME (S)/INITIAL(S) MAILING ADDRESS P. O. Box 3590 COLLATERAL: This financing statement covers the following collateral:	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTR
CENTRAL PACIFIC BANK 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS P. O. Box 3590 COLLATERAL: This financing statement covers the following collateral: CENTRAL PACIFIC BANK FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE Honolulu HI 96811-3590 USA	SECURED PARTY'S NAME (o	r NAME of ASSIGNEE of ASSIGNOR SE	CURED PARTY): Provide only one Secured	d Party name (3a or	<u> </u> 	
3b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		IC BANK				
P. O. Box 3590 Honolulu HI 96811-3590 USA COLLATERAL: This financing statement covers the following collateral:	, L	IC DAIN	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
P. O. Box 3590 Honolulu HI 96811-3590 USA COLLATERAL: This financing statement covers the following collateral:					I	
COLLATERAL: This financing statement covers the following collateral:			I			USA
			reof.			
			ist (see UCC1Ad, item 17 and Instructions)		tered by a Decedent's Person. z if applicable and check <u>only</u>	
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing	. Check <u>only</u> if applicable and check <u>onl</u> a. Check <u>only</u> if applicable and check <u>or</u> Public-Finance Transaction	aly one box:		6b. Check onl	if applicable and check only	one box:

TRADEMARK REEL: 007031 FRAME: 0486

Exhibit 1

All the collateral under that certain INTELLECTUAL PROPERTY SECURITY AGREEMENT between Debtor and Secured Party (the "IP Security Agreement"). The IP Security Agreement pledge includes, but is not limited to:

- (a) all registered United States and State of Hawaii trademarks, service marks and trade names, and any filed United States and State of Hawaii trademark, service mark and trade name applications (excluding United States intent to use applications), containing "DUKE", "DUKE'S", "DUKE PAOA KAHANAMOKU," "DUKE KAHANAMOKU," "DUKE PAOA KAHANAMOKU," "DUKE KAHANAMOKU," "DUKE PAOA KAHANAMOKU'S", or any image, likeness, or signature of Duke Paoa Kahanamoku, now owned or hereafter adopted, used, registered, and/or acquired, together with all renewals, reversions and extensions relating thereto;
- (b) all unregistered trademarks, service marks and trade names containing "DUKE", "DUKE'S", "DUKE PAOA KAHANAMOKU," "DUKE KAHANAMOKU," "DUKE PAOA KAHANAMOKU'S", "DUKE KAHANAMOKU'S", or any image, likeness, or signature of Duke Paoa Kahanamoku, now owned or hereafter adopted, used, registered, and/or acquired.
- (c) all goodwill of the businesses connected with the use of, and symbolized by, each of such trademarks, service marks and trade names covered by (a) and (b) above;
- (d) all rights of publicity, now owned or registered, or hereafter registered or acquired, relating to Duke Kahanamoku, for use in connection with the provision and promotion of restaurant services, bar services, catering services, delivery of food by restaurants, restaurants featuring home delivery, take-out or take-away services, as further described in that certain Trademark Assignment And Co-Existence Agreement between Debtor and Malamo Pono, Inc. dated Lotenber 30, 2019.

ImanageDB:5061925.1

RECORDED: 08/21/2020

TRADEMARK REEL: 007031 FRAME: 0487