

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM699192

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	SECURITY INTEREST		
RESUBMIT DOCUMENT ID:	900657681		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Philipp Plein		11/20/2021	INDIVIDUAL: GERMANY
RECEIVING PARTY DATA			
Name:	Legends Law Group, PLLC		
Street Address:	330 Main St		
City:	Kaysville		
State/Country:	UTAH		
Postal Code:	84037		
Entity Type:	Professional Limited Liability Company: UTAH		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	88392234	PP	
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:	8013374500		
Email:	nwells@legendslaw.com		
Correspondent Name:	Nicholas D. Wells		
Address Line 1:	330 Main St.		
Address Line 4:	Kaysville, UTAH 84037		
ATTORNEY DOCKET NUMBER:	4862.28		
NAME OF SUBMITTER:	Nicholas D. Wells		
SIGNATURE:	/Nicholas Wells/		
DATE SIGNED:	01/03/2022		
Total Attachments: 1			
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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Legends Law Group, PLLC
B. E-MAIL CONTACT AT FILER (optional) nwells@legendslaw.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Legends Law Group, PLLC 330 Main St. Kaysville UT 84037 USA

Filed in the Office of <i>J. Veillette</i> Director, Division of Corporations and Commercial Code	Filing Number 211120822139-8
	Initial Filing Number 211120822139-8
	Filed On November 20, 2021 04:11 PM
	Lapse Date 11/20/2026
	Number of Pages 1

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				
OR				
1b. INDIVIDUAL'S SURNAME PLEIN		FIRST PERSONAL NAME PHILIPP	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS SILODAM 187		CITY AS AMSTERDAM	STATE	POSTAL CODE NL-1013
				COUNTRY NLD

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 LEGENDS LAW GROUP, PLLC				
OR				
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 330 MAIN ST.		CITY KAYSVILLE	STATE UT	POSTAL CODE 84037
				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
U.S. FEDERAL TRADEMARK APPLICATION SERIAL NUMBER 88392234 FOR PP (AND DESIGN) IN CLASSES 03, 12, 20, 21, 24, 27, 28 FILED APRIL 18, 2019.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative				
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility			6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser				
8. OPTIONAL FILER REFERENCE DATA:				