

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM748601

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	RELEASE OF SECURITY INTEREST		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Fifth Third Bank, National Association	FORMERLY Cole Taylor Bank	07/25/2022	National Banking Association:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Sokol and Company		
<b>Street Address:</b>	5315 Dansher Road		
<b>City:</b>	Countryside		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	60525		
<b>Entity Type:</b>	Corporation: ILLINOIS		
<b>PROPERTY NUMBERS Total: 13</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	1278185	SOLO	
<b>Registration Number:</b>	1973444	SOLO	
<b>Registration Number:</b>	1049138	SOLO	
<b>Registration Number:</b>	2672137	SOLO	
<b>Registration Number:</b>	0692525	SOLO	
<b>Registration Number:</b>	0549420	SOLO	
<b>Registration Number:</b>	2590726	BAKER BRAND	
<b>Registration Number:</b>	1832831	BAKER BRAND	
<b>Registration Number:</b>	1130948	BOHEMIAN KITCHEN	
<b>Registration Number:</b>	3047622	CHUN'S	
<b>Registration Number:</b>	0769653	SHIELD S	
<b>Registration Number:</b>	2164094	SHIELD BRAND	
<b>Registration Number:</b>	2842456	SIMON FISCHER	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	6124927077		
<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>			
<b>Phone:</b>	612-492-7000		
<b>Email:</b>	smunson@fredlaw.com		

OP \$340.00 1278185

**Correspondent Name:** Megan Bowman  
**Address Line 1:** 200 South Sixth Street  
**Address Line 2:** Suite 4000  
**Address Line 4:** Minneapolis, MINNESOTA 55402

**NAME OF SUBMITTER:** Megan Bowman

**SIGNATURE:** /Megan Bowman/

**DATE SIGNED:** 08/15/2022

**Total Attachments: 1**

source=Sokol - Fifth Third Bank (fka Cole Taylor Bank) Lien Termination#page1.tif

RECEIVED

IL SECRETARY OF STATE

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

UNIFORM COMMERCIAL CODE

A. NAME & PHONE OF CONTACT AT FILER (optional)  
**KENNETH J. NEMEC, JR.** 630-655-6000

B. E-MAIL CONTACT AT FILER (optional)  
**KJN@GSRNH.COM**

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**GOLDSTINE, SKRODZKI, RUSSIAN, NEMEC**  
**835 MCCLINTOCK DR. SECOND FL**  
**BURR RIDGE, IL 60527**

07/25/2022 4:47 PM

\$0.00 Electronic

02190308

TM

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**13301182**

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 5a or 5b, 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 4a or 4b.

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (5a or 5b)

5a. ORGANIZATION'S NAME

OR

5b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

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

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

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  
**FIFTH THIRD BANK, NATIONAL ASSOCIATION**

OR

9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:**  
**DEBTOR: SOKOL AND COMPANY**