

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

Assignment ID: TM155308

<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>
Alter Domus (US) LLC, as Agent		12/27/2022	Limited Liability Company: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Company Name:</b>	Fineline Settings, LLC		
<b>Street Address:</b>	135 Crotty Road		
<b>City:</b>	Wallkill		
<b>State/Country:</b>	NEW YORK		
<b>Postal Code:</b>	10941		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 17</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	6149588	FINELINE	
<b>Registration Number:</b>	5541058	SUPER SIPS	
<b>Registration Number:</b>	5541057	REFORM	
<b>Registration Number:</b>	4220405	FINELINE SETTINGS	
<b>Registration Number:</b>	4220401	SILVER SPLENDOR	
<b>Registration Number:</b>	5999901	SIGNATURE BLU	
<b>Registration Number:</b>	5855854	SAVVI SERVE	
<b>Registration Number:</b>	5855853	FLAIRWARE	
<b>Registration Number:</b>	5855844	SOLID SQUARES	
<b>Registration Number:</b>	5855843	WAVETRENDS	
<b>Registration Number:</b>	5855837	GOLDEN SECRETS	
<b>Registration Number:</b>	5855836	PLATTER PLEASERS	
<b>Registration Number:</b>	5849643	CATERER CHOICE	
<b>Registration Number:</b>	5849642	HERITAGE	
<b>Registration Number:</b>	5827431	SILVER SECRETS	
<b>Registration Number:</b>	5827260	TINY TEMPTATIONS	
<b>Registration Number:</b>	4376753	QUENCHERS	
<b>CORRESPONDENCE DATA</b>			

CH \$440.00.00 88738542

**Fax Number:** 3128622200

*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:** 3128623135

**Email:** barbara.siepka@kirkland.com

**Correspondent Name:** Ms. Barbara M Siepka

**Address Line 1:** 300 North LaSalle

**Address Line 4:** Chicago, ILLINOIS 60654

<b>ATTORNEY DOCKET NUMBER:</b>	49851-4
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<b>NAME OF SUBMITTER:</b>	Barbara Siepka
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<b>SIGNATURE:</b>	Barbara Siepka
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<b>DATE SIGNED:</b>	02/27/2024
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**Total Attachments: 2**

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source=Fineline Release#page2.tif

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

**A. NAME & PHONE OF CONTACT AT FILER (optional)**  
 LIEN SOLUTIONS 800-331-3282

**B. E-MAIL CONTACT AT FILER (optional)**  
 UCCFILINGRETURN@WOLTERSKLUMER.COM

**C. SEND ACKNOWLEDGMENT TO: (Name and Address)**

2929 ALLEN PKWY STE 3300  
 HOUSTON, TX 77019  
 US

Delaware Department of State  
 U.C.C. Filing Section  
 Filed: 09:00 AM 03/07/2022  
 U.C.C. Initial Filing No: 2022 1930403  
 Service Request No: 20220897238

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  
 FINELINE SETTINGS, LLC

OR

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

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 135 CROTTY ROAD HALLKILL NY 10941 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  
 ALTER DOMUS (US) LLC, AS AGENT

OR

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

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 225 W. WASHINGTON STREET, 9TH FLOOR CHICAGO IL 60606 US

4. **COLLATERAL:** This financing statement covers the following collateral:  
**All assets of the Debtor, now owned or at any time hereafter acquired.**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ac, 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/Licensor

8. OPTIONAL FILER REFERENCE DATA:  
 DE-0-85247990-63305212

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)  
**Kimberley A. Lathrop 310-557-2900**

B. E-MAIL CONTACT AT FILER (optional)  
**klathrop@proskauer.com**

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**PROSKAUER ROSE LLP**  
**2029 Century Park East**  
**Suite 2400**  
**Los Angeles, CA 90067**

Delaware Department of State  
U.C.C. Filing Section  
Filed: 02:07 PM 12/27/2022  
U.C.C. Initial Filing No: 2022 1930403  
Amendment No: 2022 0687002  
Service Request No: 20224376371

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**20221930403 03/07/2022**

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

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  
**ALTER DOMUS (US) LLC, AS AGENT**

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA:**  
**File with: Delaware - Secretary of State Debtor: FINELINE SETTINGS, LLC 60048.010**