

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

Assignment ID: TM155454

SUBMISSION TYPE:		NEW ASSIGNMENT	
NATURE OF CONVEYANCE:		Release of Security Interest Recorded at R/F 7087/0876	
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Alter Domus (US) LLC, as Agent		12/27/2022	Limited Liability Company: DELAWARE
RECEIVING PARTY DATA			
Company Name:	Handgards, LLC		
Street Address:	901 Hawkins Blvd.		
City:	El Paso		
State/Country:	TEXAS		
Postal Code:	79915		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 25			
Property Type	Number	Word Mark	
Registration Number:	4093492	ASK ANA	
Registration Number:	4977306	BASICGARDS	
Registration Number:	5729714	BASICX	
Registration Number:	1206223		
Registration Number:	3353700		
Registration Number:	3407296	DONTHEGLOVE	
Registration Number:	1622624	FOOTGARDS	
Registration Number:	3901556	GARDS	
Registration Number:	5531567	GRIPGARDS	
Registration Number:	1615806	HANDGARDS	
Registration Number:	1950543	HANDGARDS	
Registration Number:	2079705	HANDGARDS	
Registration Number:	2029775	HANDGARDS	
Registration Number:	2652272	NATURAL FIT	
Registration Number:	2008907	NEATGARDS	
Registration Number:	2900297	PAN HANDLERS	
Registration Number:	2881957	QUICKSERVE	
Registration Number:	5822722	SOFTFIT	
Registration Number:	3838513	PLANETGARDS	
		TRADEMARK	

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Property Type	Number	Word Mark
Registration Number:	1984192	TUFF GARDS
Registration Number:	1177333	TUFFGARDS
Registration Number:	3315570	TUFFY
Registration Number:	2007270	VALU GARDS
Serial Number:	88895574	SAFE GARDS
Registration Number:	2109392	ZIP GARDS

CORRESPONDENCE DATA

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 2: Kirkland & Ellis LLP

Address Line 4: Chicago, ILLINOIS 60654

ATTORNEY DOCKET NUMBER:	49851-4
NAME OF SUBMITTER:	Barbara Siepka
SIGNATURE:	Barbara Siepka
DATE SIGNED:	02/27/2024

Total Attachments: 2
source=Handgards Termination UCC#page1.tif
source=Handgards Termination UCC#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)

P.O. BOX 29071
 GLENDALE, CA 91209-9071
 US

Delaware Department of State
 U.C.C. Filing Section
 Filed: 12:59 PM 10/14/2020
 U.C.C. Initial Filing No: 2020 7102793
 Service Request No: 20207820742

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
 HAWKINS, INC.

OR

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

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 901 HAWKINS BLVD. EL PASO TX 79901 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
 HAWKINS, LLC

OR

2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 901 HAWKINS BLVD. EL PASO TX 79901 US

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 UCC1Ad, 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:
 12E-0-77192144-59980885

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: 01:57 PM 12/27/2022
U.C.C. Initial Filing No: 2020 7102793
Amendment No: 2022 06886426
Service Request No: 20224376166

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
20207102793 10/14/2020

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
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: HANDGARDS, INC., HANDGARDS, LLC 60048.010