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U.S. DEPARTMENT OF COMMERCE

(Rev. 03/01) U.S. Patent and Trademark Office 102056102 OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇒⇒⇒ To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. 1. Name of conveying party(ies): 2. Name and address of receiving party(ies) AgStar Farm Credit Services, ACA, f/k/a Name: AgStar Financial Services, PCA Farm Credit Services of Southern Internal Minnesota, ACA Address:_ Individual(s) Association Street Address: 1921 Premier Drive General Partnership Limited Partnership City: Mankato State: MN Zip: 56001 Other instrumentality of the United Individual(s) citizenship_____ Association___ Additional name(s) of conveying party(ies) attached? The Yes The No. General Partnership 3. Nature of conveyance: Limited Partnership ____ Assignment Merger Corporation-State Security Agreement XChange of Name Mother instrumentality of the United If assignee is not domiciled in the United States, a domesting representative designation is attached: Yes (Designations must be a separate document from assignment Additional name(s) & address(es) attached? Yes ☐ Other Execution Date: July 1, 2000 4. Application number(s) or registration number(s): **9** A. Trademark Application No.(s) B. Trademark Registration No.(s) 3 Serial No. 75-202, 509 Bushel Boy Filed November 22, 1996 2,119,666 Additional number(s) attached Yes We No 5. Name and address of party to whom correspondence 6. Total number of applications and concerning document should be mailed: registrations involved: Name: AgStar Financial Services, PCA 7. Total fee (37 CFR 3.41).....\$\,_100.00_ Internal Address:______ Enclosed Authorized to be charged to deposit account 8. Deposit account number: Street Address: 1921 Premier Drive (Attach duplicate copy of this page if paying by deposit account) City: Mankato State: MN Zip: 56001 DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy copy of the original document. Timothy K. Anderson Sr. Attorney Name of Person Signing Total number of pages including cover sheet, attachments, and documents Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments 5/2002 JJALLAH2 00000012 75202509 Washington, D.C. 20231

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A. T. H. Alexander

To Whom It May Concern:

Enclosed please find a Recordation Form Cover Sheet Trademarks Only and a check in the sum of \$100.00 for recording. Once this document is recorded, please return a copy to me at the address listed below.

Should you have any questions regarding this document, please call me at (507) 345-5654.

Sincerely,

Timothy K. Anderson

Senior Attorney

dps

Enclosure

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