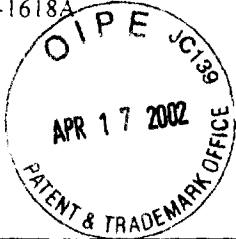


04-23-2002



102063395

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New 4-17-02
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
 - Security Agreement Nunc Pro Tunc Assignment
 - Merger
 - Change of Name
 - Other
- Effective Date
Month Day Year

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name

Formerly

- Individual General Partnership Limited Partnership Corporation Association
- Other
- Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

Individual General Partnership Limited Partnership

Corporation Association

Other

Citizenship/State of Incorporation/Organization

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

04/22/2002 DBYRNE 00000060 2080674

FOR OFFICE USE ONLY

01 FC:481
02 FC:482

40.00 BP
50.00 BP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practices. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002488 FRAME: 0668

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2,080,674"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2,202,301"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2,200,529"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

DeAnne H. Ozaki

Name of Person Signing

Signature


4/16/02

Date Signed

57 AUG 29 AM 10:23

August 28, 1997

Ms. Penny Marshall
Office of Thrift Supervision
Applications Unit
1 Montgomery Street
Suite 400
San Francisco, California 94104

		OTS West Region
Notification Of:		
<input type="checkbox"/> Approval	<input checked="" type="checkbox"/> Notice Appropriately	
<input checked="" type="checkbox"/> No Objection	Filed and Accepted	
<input type="checkbox"/> File Closed	<input type="checkbox"/> Compliance Materials	
<input type="checkbox"/> No Further Action Required	Filed and Accepted	
		LTAs of: 8/29/97
By: <u>Penny D. Marshall</u>		
Title: <u>Appl. Manager</u>		

Re: Notice of Charter Amendment

Dear Ms. Marshall:

Pursuant to OTS Regulations 543.1 and 552.4 Western Financial Bank, F.S.B., ("the Bank") hereby provides notice to the Office of Thrift Supervision ("OTS") regarding an amendment to our charter. The proposed amendment will change Section 1. of our current charter to read, "The full corporate title of the savings bank is Western Financial Bank." In accordance to OTS Thrift Bulletin TB 48-14 there is no application fee for preapproved charter amendments.

PURPOSE:

We propose the deletion of the "F.S.B." in our corporate title because it is no longer required, it adds no inherent value to the Bank, and the deletion will help reinforce our transition to a full service bank.

OTS REQUIREMENTS

In accordance to OTS Regulation 552.4, the Bank is submitting the following documentation in order to properly amend its charter:

- 1.) A copy of the Resolution from the Bank's Board of Directors approving the proposed charter amendment. This resolution was approved at the Bank's Board of Directors meeting held on August 6, 1997.
- 2.) A certification from our Legal Department certifying the charter amendment is permissible under all applicable laws, rules or regulations.

16485 Laguna Canyon Road
P.O. Box 19581
Irvine, California 92623-9581



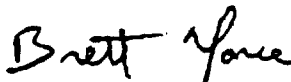
Please additionally note, no other charter amendment is being authorized by this notification.

DELEGATED AUTHORITY:

The Bank is hereby notifying the OTS of our intention to amend our charter. This amendment will change our corporate title which is allowed by OTS Regulation and 543.1. Pursuant to Order no. 92-416 dated September 24, 1992, the Regional Director, or his designee, has been delegated the authority to approve such notification and the Bank requests such action.

If I can provide you with any further information, or answer any questions that you might have, please contact me at (714) 727- 1047.

Sincerely,



Brett Yonce
Assistant Vice President
Compliance Department

cc: Tim Lane