



Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings

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U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): Storm Concepts, LLC

10-9-02

- Individual(s), Association, General Partnership, Limited Partnership, Corporation-State WI, Other

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment, Merger, Security Agreement, Change of Name, Other Change of Address

Execution Date: 10-01-2002

2. Name and address of receiving party(ies)

Name: Storm Concepts, LLC

Internal

Address:

Street Address: 11704 North Main Street

City: Roscoe State: IL Zip: 61073

- Individual(s) citizenship, Association, General Partnership, Limited Partnership, Corporation-State WI, Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2,609,874

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Keith Frantz

Internal Address: Suite 200

Street Address: 401 West State Street

City: Rockford State: IL Zip: 61101

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41): \$ 40.00

- Enclosed (Check # 2772), Authorized to be charged to deposit account

8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

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 is a true copy of the original document.

Keith Frantz

Name of Person Signing

Signature

10-4-02

Date

Total number of pages including cover sheet, attachments, and document: 2

Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

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STATEMENT OF CHANGE OF ADDRESS

I, **Timothy C. Storm**, President of **Storm Concepts, LLC.**, a limited liability corporation of the State of Wisconsin, declare that the address of the office and business of Storm Concepts, LLC. has changed

from:

818 9th St.
Monroe, WISCONSIN 53566

to:

11704 North Main Street
Roscoe, ILLINOIS 61073

STORM CONCEPTS, LLC



Timothy C. Storm
President
(815) 623-3750

Date

10/1/02