

FORM PTO-1594
(Rev. 6-93)
OMB No. 0651-0011 (exp. 4/94)

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

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):
Canadian Imperial Bank of Commerce

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

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

2. Name and address of receiving party(ies)
Name: Cohen's Kosher Food, LLC
Internal Address: _____
Street Address: 2210 W. Oaklawn Dr, AR058124
City: Springdale State: AR ZIP: 72762

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other Limited Liability Company-Delaware

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

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other Release of Lien

Execution Date: October 19, 1998

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

A. Trademark Application No.(s) _____

B. Trademark Registration No.(s)
2,238,223

Additional numbers attached? Yes No

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

Name: Essa Hicks
Internal Address: _____

Street Address: 2210 W. Oaklawn Dr, AR058124
City: Springdale State: AR ZIP: 72762

6. Total number of applications and registrations involved: 1

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

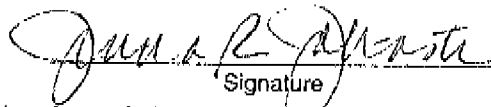
Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
502227

(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.

Jenna R. Johnston 
Name of Person Signing Signature

November 18, 2003
Date

Total number of pages including cover sheet, attachments, and document: 5

CHI \$40.00 502227 2238223

STATE OF NEW YORK

COUNTY OF NEW YORK

I hereby certify that on this 19th day of October, 1998, before the subscriber, a Notary Public personally appeared Henry Hook, who acknowledged himself to be an Employee of Canadian Imperial Bank of Commerce (the "Company") and that he, as such officer, being authorized so to do, executed the foregoing Release of Security Interests for the purpose therein contained by signing the name of the Company by himself as such officer.

Doreen Z. Jones
Notary Public

DOREEN Z. JONES
Notary Public, State of New York
No. 01J05064467
Qualified in Queens County
Commission Expires 9-9-02



EXHIBIT A
TO
RELEASE

TRADEMARK	REGISTERED OWNER	REGISTRATION NUMBER	REGISTRATION DATE
Casino Chef Hors D'oeuvres & Design	Cohen's Kosher Food, L.L.C.	75/329274	7/23/97
Faye's	Restauranic, Inc.	1,648,962	6/25/91