1' 1 '1	U-2004 U.S. DEPARTMENT OF COMMERCE
OMB Collection 065 -0027 (exp. 6/30/2005)	ited States Patent and Trademark Office
1028	309874
To the Director of the U. S. Patent and Trademark Office: Plea	ase record the audured adduments or the new address(es) below.
1. Name of conveying party(ies)/Execution Date(s):	2. Name and address of receiving party(ies)
Concept Alloys, L.L.C.	Additional names, addresses, or citizenship attached?
	Name: Hoskins Alloys, L.L.C.
Annah Marak	Internal
Individual(s) Association	Address: c/o Mark A. Sturing
General Partnership Limited Partnership	Street Address: 31731 Northwestern Hwy, Ste. 250W
Corporation-State	City: Farmington Hills
Other <u>limited liability company</u>	State: Michigan
Citizenship (see guidelines)U.S.A./Michigan	Country: §.S.A. Zip: 48334
Execution Date(s) 2/28/03	Association Citizenship
Additional names of conveying parties attached? Yes	1 == 1
	Limited Partnership Citizenship
3. Nature of conveyance:	Corporation Citizenship
Assignment Merger	Other limited liability Island of Nevis
Security Agreement Change of Name	If assignee is not do with the United States, a domestic
Other	representative designation is attached: Yes No (Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and	
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
.,	See Attached List
	Additional sheet(s) attached? Yes No
C. Identification or Description of Trademark(s) (and Filing	
5. Name & address of party to whom correspondence concerning document should be mailed:	c. rotal number of applications and
Name: Holly B. Safronoff, Esq.	registrations involved:
nternal Address: Evans & Luptak, P.L.C.	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$315_00
Table Ca	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$315.00 Authorized to be charged by credit card
7457 7 12 7	Authorized to be charged by credit card Authorized to be charged to deposit account
Street Address: 7457 Franklin Road Suite 250	Enclosed Enclosed
City: Bloomfield Hills	8. Payment Information:
State: Michigan Zip: 48301	a. Credit Card Last 4 Numbers
Phone Number: <u>(248)</u> 406-5100	Expiration Date
Fax Number: (248) 406-5111	b. Deposit Account Number Authorized User Name
Email Address: hsafronoff@evansluptak.com	Authorized User Name
9. Signature: Holl & Sater	ns/
Signature	Date W
Holly B. Safronoff	Total number of pages including cover 7
Name of Person Signing	sheet, attachments, and document:
Documents to be recorded (including cover shee	et) should be faxed to (703) 306-5995, or mailed to:
man סנטף השאוווופוונ תפכסום Services, Director o	of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450
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Continuation of Item No. 4B:

Trademark Registration No.(s)

4 of 4

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