

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Recycled Computers International, LLC		01/24/2005	LIMITED LIABILITY COMPANY: MISSISSIPPI
RECEIVING PARTY DATA			
Name:	Intechra LLC		
Street Address:	4400 Old Canton Road		
Internal Address:	Suite 310		
City:	Jackson		
State/Country:	MISSISSIPPI		
Postal Code:	39211		
Entity Type:	LIMITED LIABILITY COMPANY: MISSISSIPPI		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	78501845	INTECHRA	
CORRESPONDENCE DATA			
Fax Number:	(512)473-2555		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	(512) 473-2550		
Email:	wctrademarkaustin@counselip.com		
Correspondent Name:	William D. Raman, Esq.		
Address Line 1:	P.O. Box 685108		
Address Line 2:	WONG CABELLO, LLP		
Address Line 4:	Austin, TEXAS 78768-5108		
ATTORNEY DOCKET NUMBER:	625-0002US		
NAME OF SUBMITTER:	Grace Jennings, Trademark Administrator		
Signature:	/gj/		

CH \$40.00 78501845

Date:

05/03/2006

Total Attachments: 2

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333
Certificate of Amendment 10¹⁰



The undersigned corporation, pursuant to Senate Bill No. 2395, Chapter 402, Laws of 1994, hereby executes the following Certificate of Amendment and sets forth:

1. Name of the Limited Liability Company

Recycled Computers International, LLC

2. The future effective date is
(Complete if applicable)

[Empty box for future effective date]

3. The amendment to the certificate is as follows

Section 1 of the Certificate of Formation is amended and restated in its

entirety to read as follows: "1. Name of the Limited Liability Company:

Intechra LLC"

[Empty boxes for additional text in section 3]

7364162A

By: Signature

Michael L. Anthony

(Please keep writing within blocks)

Printed Name

MICHAEL L. ANTHONY

Title

MANAGER

Street and Mailing Address

Physical Address

4400 Old Canton Road, Suite 310

P.O. Box

[Empty box for P.O. Box]

City, State, ZIP5, ZIP4

Jackson,

MS

39211 -

Certificate of Amendment



By: Signature

(Please keep writing within blocks)

Printed Name

Title

Street and Mailing Address

Physical Address

P.O. Box

City, State, ZIP5, ZIP4

7364629