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

103379						
To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.						
1. Name of conveying party(ies): M2S, Inc. 12 Commerce Ave. West Lebanon, NH 03784	2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached? No Name: Ledyard National Bank					
☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited Partnership ☐ Corporation- State: Delaware ☐ Other	Internal Address: Commercial Lending Street Address: 38 South Main St. City: Hanover State: NH					
Additional names of conveying parties attached? Yes No	Country: USA Zip: 03755					
3. Nature of conveyance)/Execution Date(s): Execution Date(s) March 1, 2007 ☐ Assignment ☐ Merger ☐ Security Agreement	Association Citizenship General Partnership Citizenship Limited Partnership Citizenship Corporation Citizenship Other National Bank Citizenship 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)					
4. Application number(s) or registration number(s) and A. Trademark Application No.(s) C. Identification or Description of Trademark(s) (and Filing	B. Trademark Registration No.(s) 2,203,107 - Nov. 10, 1998; 2,203,108 - Nov. 10, 1998 Additional sheet(s) attached? ☐ Yes ✓ No					
5. Name & address of party to whom correspondence concerning document should be mailed: Name: Michael Sandoe	6. Total number of applications and registrations involved:					
Internal Address: Commercial Lending Ledyard National Bank Street Address: 38 South Main St.	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 65.00 Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed					
City: <u>Hanover</u> State: <u>NH</u> Zip: <u>03755</u> Phone Number: <u>603-643-2244</u> Fax Number: <u>603-643-6208</u>	8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number Authorized User Name					
Email Address:						
9. Signature: Signature Michael Sandoe Name of Person Signing	March 1, 2007 Date Total number of pages including cover sheet, attachments, and document: 2					

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

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