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TRADEMARKS ONL 103501134 To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) be	
To the Director of the U. S. Patent and Trademark Office: P	lease record the attached documents or the new address(es) be
1. Name of conveying party(ies): Richco Plastic Co. 8145 River Drive Morton Grove, IL 60053 Individual(s) Association General Partnership Limited Partnership Corporation- State: Illinois Other Citizenship (see guidelines) Additional names of conveying parties attached? Yes	2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached? Name: Richco, Inc. Internal Address: Street Address: 8145 River Drive City: Morton Grove State: IL Country: USA No Association Citizenship
3. Nature of conveyance)/Execution Date(s) :	General Partnership Citizenship
Execution Date(s)	Limited Partnership Citizenship
	Other Citizenship If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes (Designations must be a separate document from assignment)
A. Application number(s) or registration number(s) a A. Trademark Application No.(s)	B. Trademark Registration No.(s) 1486137
A. Trademark Application No.(s)	B. Trademark Registration No.(s) 1486137 Additional sheet(s) attached 2
A. Trademark Application No.(s) C. Identification or Description of Trademark(s) (and Fili	B. Trademark Registration No.(s) 1486137 Additional sheet(s) attached? Yes ing Date if Application or Registration Number is unknown
A. Trademark Application No.(s) C. Identification or Description of Trademark(s) (and Fili RP design 5. Name & address of party to whom correspondent concerning document should be mailed: Name: James Michael Faier. Esq. Internal Address: Suite 600	B. Trademark Registration No.(s) 1486137 Additional sheet(s) attached? Yes Ing Date if Application or Registration Number is unknown Ce 6. Total number of applications and registrations involved: 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00 Authorized to be charged by credit card
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A. Trademark Application No.(s) C. Identification or Description of Trademark(s) (and Fili RP design 5. Name & address of party to whom correspondent concerning document should be mailed: Name: James Michael Faier. Esq. Internal Address: Suite 600 Street Address: 566 W. Adams St. City: Chicago State: IL Zip: 60661	B. Trademark Registration No.(s) 1486137 Additional sheet(s) attached? Yes Ing Date if Application or Registration Number is unknown Ce 6. Total number of applications and registrations involved: 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00 Authorized to be charged by credit card Authorized to be charged to deposit account Included B. Payment Information: a. Credit Card Last 4 Numbers

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH

day of

MARCH

A.D.

2008

Authentication #: 0807800527

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

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