

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM545459

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	SECURITY INTEREST		
SEQUENCE:	4		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Ernst Barba Gomez		10/15/2019	INDIVIDUAL:
RECEIVING PARTY DATA			
Name:	Tipcon, L.L.C.		
Street Address:	500 W. Overland Ave., Ste. 300		
City:	El Paso		
State/Country:	TEXAS		
Postal Code:	79901		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	74424224	TRES LECHES DE MEXICO	
CORRESPONDENCE DATA			
Fax Number:	9155334188		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	9155338760		
Email:	jgil@juangil-law.com		
Correspondent Name:	Juan H. Gil II		
Address Line 1:	909 E Rio Grande Ave.		
Address Line 4:	El Paso, TEXAS 79902		
NAME OF SUBMITTER:	Juan H. Gil II, Attorney for Assignor		
SIGNATURE:	/Juan H. Gil II/		
DATE SIGNED:	10/16/2019		
Total Attachments: 1			
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OP \$40.00 74424224

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Juan H Gil II PLLC 9155338760
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Juan H Gil II PLLC 909 E. Rio Grande Ave. El Paso, TX 79902-4509 USA

FILING NUMBER: 19-0039180950
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR				
	1b. INDIVIDUAL'S SURNAME Barba Gomez	FIRST PERSONAL NAME Ernesto	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 2403 Montana Ave		CITY El Paso	STATE TX	POSTAL CODE 79903
				COUNTRY USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME TIPPCON, L.L.C.				
OR				
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 500 W. Overland Ave. Suite 300		CITY El Paso	STATE TX	POSTAL CODE 79901
				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
Cabin Foods, LLC- 101.051 Membership Units

- Trademark - IMPOZZIBLENFAN - US Serial Number 08234536
- Trademark - PASTELADO - US Serial Number 86358268
- Trademark - TRES LECHES DE MEXICO - US Serial Number 75299459
- Trademark - TRES LECHES DE MEXICO - US Serial Number 74424224

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

6b. Check only if applicable and check only one box:
 Seller/Buyer Bailee/Bailor Licensee/Licensor

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

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