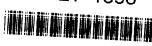
RECORD, 08-21-1998 FORM PTO-1595 (Rev. 6-93)



SHEET

U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. 1. Name of conveying party(les): Executech, Inc. Name of conveying party(les): Executech, Inc. Name: Merriff Executech, Inc. Name: Merriff Executech, Inc. Name: Merriff Executech, Inc. Individual(s) Association Internal Address: One Merriff Circle Street Address: Energy Paik Other Street Address: Energy Paik Other Street Address: Energy Paik Other Stote: ZiP: Nature of conveying party(eis) sliables? Ves DNo Nature of conveying party sliables? Ves DN	0MB No. 0651-0011 (exp. 4/94) 100798	3426
Individual(s)	To the Honorable Commissioner of Patents and Trademarks: Pl	lease record the attached original documents or copy thereof.
Individual(s)	1. Name of conveying party(ies): Executech, Inc.	Name and address of receiving party(ies):
General Partnership Limited Partnership Street Address: Energy Park Other		Name: Merrill/Executech, Inc.
Other Other St. Paul Mil 55108	☐ Individual(s) ☐ Association	Internal Address: One Merrill Circle
Other St. Paul NN 55108 St. Paul NN St. Paul	☐ General Partnership ☐ Limited Partnership	Street Address: Energy Park
City: State: ZIP: Additional name(s) of conveyance party(es) allached? Yes DNo	00 Corporation - State New York	Ç C C3
Individual(s) citizenship Association	☐ Other	St. Paul MN 55108
Individual(s) citizenship Association	Additional name(s) of conveying partities attached? Fives FIVes	Gity. State. ZIP:
### Additional numbers attached? Yes No	Additional name(s) of conveying party(es) anathers: [2 163 [2 164	l control of the cont
Assignment	3. Nature of conveyance:	
Corporation - State Minnesota Other		☐ General Partnerhip
Execution Date(s): 6/30/98 Other If assignee is not domicled in the United State, a domestic representative designation is attached. Yes Yes	☐ Security Agreement ☐ Change of Name	☐ Limited Partnership
# assignee is not domiciled in the United State», a domestic representative designation is attached. (Designations must be a separate document from assignment) Additional name(s) of conveying party(es) attached? Yes DN No 4. Application number(s) or trademark number(s): A. Trademark Application No(s). B. Trademark No(s) N/A **Additional numbers attached? Yes DN No **Additional number attached? Yes DN N	☐ Other	図 Corporation - State Minnesota
# assignee is not domicided in the United State, a domestor representative designation is attached. (Designations must be a separate document from assignment) Additional number(s) or trademark number(s): A. Trademark Application No(s). 75/280,406 B. Trademark No(s) N/A Additional numbers attached? Yes 10 No Additional numbers attached? Yes 10 No Name and address of party to whom correspondence concerning document should be mailed: Name: Deanna Counsel1 Internal Address: Street Address: 45 South Seventh Street, Suite 3400 City: State: ZIP: Authorized to charge any underpayment or credit any overpayment to deposit account. Minneapol 1s MN 55402 8. Deposit account number: 15-0627 (Attach duplicate copy of this page if paying by deposit account.) DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Kristine L. Gabe1	Execution Date(s): 6/30/98	☐ Other
Additional name(s) of conveying party(les) attached?	1, 20, 20	attached. Yes No
A. Trademark Application No(s). 75/280,406 Additional numbers attached? Yes No Name and address of party to whom correspondence concerning document should be mailed: Name: Deanna Counsell Internal Address: Street Address: 45 South Seventh Street, Suite 3400 City: State: ZIP: Minneapolls MN 55402 B. Trademark No(s) N/A Total rumber of applications and registrations involved: 7. Total Fee (37 CFR 3.41)		
Additional numbers attached? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Application number(s) or trademark number(s):	
Additional numbers attached? Yes No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Deanna Counsel1	A. Trademark Application No(s).	B. Trademark No(s)
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Deanna Counsell	75/280,406	N/A
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Deanna Counsell		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Deanna Counsell		
document should be mailed: Name: Deanna Counsell Internal Address: Street Address: 45 South Seventh Street, Suite 3400 City: State: ZIP: Minneapolis MN 55402 Ba/20/1998 JSHABAZZ 20000080 75280496 0): FC:481 DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Kristine L. Gabel Authorized to be charged to deposit account Authorized to charge any underpayment or credit any overpayment to deposit account. Do NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Kristine L. Gabel Authorized to be charged to deposit account Authorized to charge any underpayment or credit any overpayment to deposit account. Do NOT USE THIS SPACE		
Name: Deanna Counsell Internal Address: Street Address: 45 South Seventh Street, Suite 3400 City: State: ZIP: Authorized to charge any underpayment or credit any overpayment to deposit account. Minneapolis MN 55402 8. Deposit account number: 15-0627 (Attach duplicate copy of this page if paying by deposit account.) DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Kristine L. Gabel New York Page 15 Authorized to be charged to deposit account Authorized to charge any underpayment or credit any overpayment to deposit account. Mathorized to charge any underpayment or credit any overpayment to deposit account. Authorized to charge any underpayment or credit any overpayment to deposit account. Mathorized to charge any underpayment or credit any overpayment to deposit account. Not be a count number: 15-0627 (Attach duplicate copy of this page if paying by deposit account.) DO NOT USE THIS SPACE		o. Total number of applications and registrations involved.
Internal Address: Street Address: 45 South Seventh Street, Suite 3400 City: State: ZIP: Authorized to charge any underpayment or credit any overpayment to deposit account. Minneapolis MN 55402 8. Deposit account number: 15-0627 (Attach duplicate copy of this page if paying by deposit account.) DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Kristine L. Gabel Negative Statement and Signature and correct and any attached copy is a true copy of the original document.	Name: Doanna Councoll	7. Total Fee (37 CFR 3.41) \$ 40.00
Street Address: 45 South Seventh Street, Suite 3400 City: State: ZIP:	beama doublett	
City: State: ZIP: Minneapolis MN 55402 8. Deposit account number: 15-0627 (Attach duplicate copy of this page if paying by deposit account.) DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Kristine L. Gabel Negative States and underpayment or credit any overpayment to deposit account. 8. Deposit account number: 15-0627 (Attach duplicate copy of this page if paying by deposit account.) **Example 1. Gabel** **Example 1. Gabel** **Example 2. Gabel** **To the Description of the page in the process of the page in the	Street Address: 45 South Seventh Street, Suite 3400	
8. Deposit account number: 15-0627 (Attach duplicate copy of this page if paying by deposit account.) DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Kristine L. Gabel News (18 9 8)	City: State: ZIP:	
9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is 6 true copy of the original document. Kristine L. Gabel Memoria D. Statement and signature. 8 18 9 8	Minneapolis MN 55402	
(Attach duplicate copy of this page if paying by deposit account.) DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Kristine L. Gabel New 18 98	08/20/1998 ISHABAZZ 00000080 75280406	
9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true capy of the original document. Kristine L. Gabel New 18 98	0) FC:48) 40.00 (0	
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Kristine L. Gabel Normation of Normation is true and correct and any attached copy is a true copy of the original document.	DO NOT USE TH	
Kristine L. Gabel Justine alul 8 18 98	9. Statement and signature.	C.
Name of Days of	To the best of my knowledge and belief, the foregoing information is true am	d correct and any attached copy is a true capy of the original document.
Name of Person Sound		lul 8/18/98
Total number of pages including cover sheet, attachments, and document. 2		Signature Date

Mail documents to be recorded with required cover sheet information to: U.S. Patent and Trademark Office, Office of Public Records, Crystal Gateway 4, Room 3.5Washington, D.C. 20231

U.S. TRADEMARK AND SERVICE MARK ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged;

Executech, Inc., a New York corporation, having an office and place of business at 6 East 43rd Street, New York, New York 10017, hereby sells, assigns and transfers unto:

Merrill/Executech, Inc., a Minnesota corporation, having an office and place of business at One Merrill Circle, Energy Park, St. Paul, Minnesota 55108,

as assignee, and its successors, assigns and legal representatives, the entire right, title and interest in and to the following Trademark and Service Mark and U.S. Principal Registration thereof:

<u>Trademark</u>	<u>Serial Number</u>	Filing Date
E-TECH	75/280,406	April 24, 1997
Service Mark	Serial Number	Filing Date
E-TECH	75/280,406	April 24, 1997

including any and all common law rights, State or Federal registrations thereof, all trade name rights, service name rights and together with all of the goodwill of the successor interest of the entire business pertaining to such trademark and service mark.

IN WITNESS WHEREOF, the undersigned has caused this assignment to be duly executed as of the date set forth below.

Dated: July / 1998.

EXECUTECH, INC.

By: Michael Sperling

Its:

Vice President

State of New York))ss.
County of Jewyork)

the corporation.

Notary Public

REEL: 1771 FRAME: 0756

RECORDED: 08/20/1998