

FORM PTO-1618A  
Expires 06/30/99  
OMB 0651-0027

08-16-1999

U.S. Department of Commerce  
Patent and Trademark Office  
TRADEMARK



101118197  
RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

8.12.99

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

<b>Submission Type</b>		<b>Conveyance Type</b>	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID # _____	<input type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____	<input type="checkbox"/> Corrective Document Reel # _____ Frame # _____	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Nunc Pro Tunc Assignment Effective Date Month Day Year _____
		<input type="checkbox"/> Merger	
		<input type="checkbox"/> Change of Name	
		<input checked="" type="checkbox"/> Other	Release of Security Interest

**Conveying Party**  Mark if additional names of conveying parties attached

Name  Execution Date  
Month Day Year

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship/State of Incorporation/Organization

**Receiving Party**  Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)     
City State/Country Zip Code

Individual  General Partnership  Limited Partnership  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Corporation  Association

Other

Citizenship/State of Incorporation/Organization

08/16/1999 NTHAI1 00000122 1751594 FOR OFFICE USE ONLY

01 FC:481 40.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231  
TRADEMARK

REEL: 001943 FRAME: 0685

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages** Enter the total number of pages of the attached conveyance document including any attachments. #

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1751594"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties** Enter the total number of properties involved. #

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account

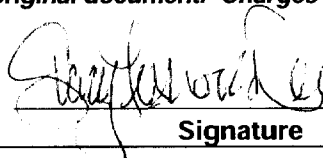
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)  
Deposit Account Number: #

Authorization to charge additional fees: Yes  No

**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. Charges to deposit account are authorized, as indicated herein.

Stacy Leshock Dee, Esquire  
Name of Person Signing

  
Signature

8/11/99  
Date Signed

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:  
THORP REED & ARMSTRONG, LLP  
One Riverfront Center, 9<sup>th</sup> Floor  
Pittsburgh, Pennsylvania 15222-4895  
Attention: Stacy Leshock Dee, Esquire

**RELEASE OF SECURITY INTEREST**

BT Commercial Corporation (the "Bank"), hereby releases that certain security interest in the trademark "THE BOP SHOP", registration number 1751594, made by Tube City, Inc., a Delaware corporation (the "Borrower"), to Bank, and recorded in the United States Patent and Trademark Office on November 2, 1992, at Reel/Frame: 0919/0466.

IN WITNESS WHEREOF, the Bank, by its duly authorized officer, intending to be legally bound hereby, has executed and delivered this Release of Security Interest this 10<sup>th</sup> day of August, 1999.

BT Commercial Corporation

By: Wayne D. Hillcock  
Title: DIRECTOR

Chicago, Illinois )  
 ) SS:  
COUNTY OF Cook )

On this 10<sup>th</sup> day of August, 1999, before me, the undersigned officer, a Notary Public, personally appeared WAYNE D. HILLOCK, who being duly sworn, did acknowledge himself/herself to be the DIRECTOR of BT Commercial Corporation, and that he/she, as such officer, being authorized to do so, executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Midna M. Rodriguez  
Notary Public

My Commission Expires:

[SEAL]

