

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

Docket No.:
26422/42013

Form PTO-1594 (Modified)
(Rev. 6/93)
OMB No. 0651-0011 (exp. 4/94)
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TM05/REV03
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Wells Fargo Bank, N.A.

- Individual(s)
- General Partnership
- Corporation-State
- Other
- Association
- Limited Partnership

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other Assignment of Security Interest
- Merger
- Change of Name

Execution Date: 5/1/02

2. Name and address of receiving party(ies)

Name: LINC Credit, LLC
Internal Address: _____
Street Address: 3300 South Parker Road
City: Aurora State: CO ZIP: 80014

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State
- Other Limited Liability Company - Delaware

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)

Additional name(s) & address(es) attached? Yes No

4. Application number(s) or patent number(s):

A. Trademark Application No. (s)

B. Trademark Registration No. (s)
2,220,384; 2,275,986; 2,042,014; 1,503,525; 1,252,305;
1,138,422; 1,415,912; 2,631,361; 1,389,122; 1,386,413;
872,724; 1,156,014; 1,314,169; 1,361,253; 1,393,685

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Caroline G. Chicoine
Internal Address: Thompson Coburn LLP
Street Address: One US Bank Plaza
City: St. Louis State: MO ZIP: 63101

6. Total number of application and registrations involved: 15

7. Total fee (37 CFR 3.41):\$ 600.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

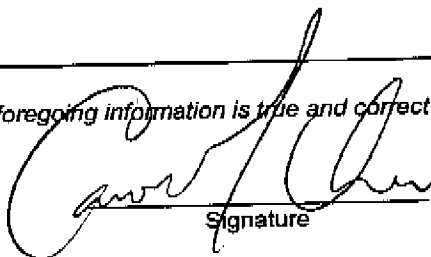
20-0823

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.

Caroline G. Chicoine
Name of Person Signing


Signature

9/17/03
Date

Total number of pages including cover sheet, attachments, and documents: 2

CH \$600.00 200823 2220384

Sent by: Republic Credit Corporation I 3039232197;

05/08/03 5:18PM;#809; Page 3/8

02122C0012



FILED
SACRAMENTO, CA
MAY 01, 2002 AT 1700
BILL JONES
SECRETARY OF STATE

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Sandra Thompson 1-800-596-3608

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Republic Financial Corporation
5300 Smith Parker Road, Ste 500
Aurora, CO 80014

1. INITIAL FINANCING STATEMENT FILE # 9522960240 Filed 8/15/95

2. TERMINATION: Effectiveness of the Financing Statement described above is terminated with respect to security INTERESTS of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement described above with respect to security INTERESTS of the Secured Party authorizing this Continuation Statement is continued in the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address in item 7c. And also give name of assignor in item 8.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only ONE of these two boxes.

ADD name: Give the following First Name and phone number information in items 6 and 7.

CHANGE name and/or address: Give current name in item 6a or 6b; give new name in item 6c; give new address in item 6d or 6e.

DELETE name: Give record name in item 6a or 6b; give new name in item 6c or 6d.

ADD name: Complete item 7a or 7b, and also item 7c and complete items 7e-7g if appropriate.

6. CURRENT RECORD INFORMATION

6a ORGANIZATION'S NAME

OR 6b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a ORGANIZATION'S NAME
LINC Credit, L.L.C.

OR 7b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3500 S. Parker Road, Suite 500 Aurora CO 80014 USA

7d TAX ID # 7e OR 7f ADD INFO RE ORGANIZATION 7g TYPE OF ORGANIZATION 7h JURISDICTION OF ORGANIZATION 7i ORGANIZATIONAL ID # if any

75-3043672 ORGANIZATION IDENTIF. Limited Liability Compa Delaware 3514610 NONE

8. AMENDMENT (COLLATERAL CHANGE): check only ONE box.
Debtor releases ceases or adds, or give entire releases collateral description, or describe collateral otherwise.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this amendment.

9a ORGANIZATION'S NAME
Wells Fargo Bank, National Association

OR 9b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
California Secretary of State 1141-01

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)
FAX UCC3 (0.50) - 7:30pm Central

RECORDED: 09/17/2003

TRADEMARK
REEL: 002719 FRAME: 0403
*** INITIAL PAGE ONLY ***