



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/24/2010	201023500879	SERVICE MARK/ASSIGNMENT (SMA)	25.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

GRAYDON HEAD & RITCHEY LLP
ATTN: JANET WELLING
511 WALNUT ST.
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1900429**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
**"ANYTIME ICE" WORDS DEPICTED IN PINK LETTERING W/COMPANY NAME TO THIS
SERVICE BUT WE DISCLAIM ANY RIGHTS TO WORD ICE.**

Document(s):

Document No(s):

SERVICE MARK/ASSIGNMENT**201023500879**

Expiration Date: 12/09/2019

THE HOME CITY ICE COMPANY
6045 BRIDGETOWN ROAD
CINCINNATI, OH 45248



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 19th day of August, A.D.
2010.

Ohio Secretary of State

From: unknown Page: 2/3 Date: 8/19/2010 10:30:34 AM



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No PO Box 788
Columbus, OH 43216

NAME REGISTRATION UPDATE

(For Domestic or Foreign, Profit or Nonprofit)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

(1) ☒ Assignment of Registered Name Registration No. <u>1900429</u> (116-RNA)	(2) ☐ Name Reservation Transfer Registration No. _____ (185-NRT)
(3) ☐ Change of Address only for Registered Name Registration No. _____ (176-RNB)	(4) ☐ Cancellation of Registration Registration No. _____ (184-RNX)

☐ Fictitious Name ☐ Trade Name

Check The Appropriate Box

☐ Mark of Ownership☐ Trademark☒ Service MarkName of Entity
or Description of Mark

"ANYTIME ICE" words depicted in pink lettering with company name to this
service but we disclaim any rights to the word "ICE".

Name of Current Owner

Avalanche Ice Ltd.

Complete the information in this section if box (3) is checked.

New Business Address

(Street) _____ NOTE: P.O. Box Addresses are NOT acceptable.

(City) _____ (County) _____ (State) _____ (Zip Code) _____

Complete the information in this section if box (1) or (2) is checked.

Are you assigning this name? ☒ Yes ☐ No

New Registrant's Name & Address

The Home City Ice Company
(Name)
6045 Bridgetown Road
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati Hamilton OH 45248
(City) (County) (State) (Zip Code)

Registration No. 210991

Complete the information in this section if box (4) is checked.

Are you canceling this name? ☐ Yes ☐ No

From: unknown Page: 3/3 Date: 8/19/2010 10:30:34 AM

Complete the information in this section if box (1) is checked.

Please indicate the assignment of the good will of the business as follows:

☒ For the amount of \$1,500 and for other Good and Valuable Consideration, the receipt of which is hereby acknowledged, ASSIGNOR does hereby assign unto said ASSIGNEE the entire right, title and interest in and to the above-listed mark and registration granted therefrom, and in and to the goodwill of the business in connection with which said mark is used, the same to be held and enjoyed by said ASSIGNEE for its own use and benefit, and for the use and benefit of its successors, assigns or other legal representatives, as fully and entirely as the same would have been held and enjoyed by said ASSIGNOR, if this assignment had not been made.

☐ If the goodwill of the business associated with this mark is NOT ASSIGNED

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See instructions)


Authorized Representative

8/19/10
Date