DOC ID ----> 201036200753

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/29/2010	201036200753	TRADE NAME/ASSIGNMENT (RNA)	25.00	.00		.00	.00

Receipt

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

CAMECO COMMUNICATIONS LLC
151 WYLIE RD
SEAMAN, OH 45679

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1221522

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THE HIGHLAND COUNTY PRESS

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME/ASSIGNMENT

Expiration Date: 03/21/2016

Document No(s):

201036200753

CAMECO COMMUNICATIONS LLC
151 WYLIE RD
SEAMAN, OH 45679

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 22nd day of December, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201036200753

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

RECEIVED
DEC 22 201[illegible]
SECRETARY OF STATE

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. 122522 (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)

Check The Appropriate Box

☐ Fictitious Name ☑ Trade Name ☐ Mark of Ownership ☐ Trademark ☐ Service Mark

Name of Entity or Description of Mark: The Highland County Press

Name of Current Owner: Cameco Communications

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

Cameco Communications LLC (Name)
151 Wylie Rd (Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***
Seaman (City) Adams (County) Ohio (State) 45679 (Zip Code)

Registration No. 1872832

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

Are you canceling this name? ☐ Yes ☐ No

DOC ID ----> 201036200753

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 _____ 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

12/17/10
Date