

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

| | | | |
|------------------------------------|--|----------------|---------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | CHANGE OF NAME | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Advanced Friction Technology, Inc. | | 09/09/2005 | CORPORATION: OREGON |
| RECEIVING PARTY DATA | | | |
| Name: | Champion Technologies, Inc. | | |
| Street Address: | 845 McKinley | | |
| City: | Eugene | | |
| State/Country: | OREGON | | |
| Postal Code: | 97402 | | |
| Entity Type: | CORPORATION: OREGON | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 2416787 | AFT | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | (541)485-5168 | | |
| | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> | | |
| Phone: | 5414855151 | | |
| Email: | csusman@speerhoyt.com | | |
| Correspondent Name: | Catherine D. Susman | | |
| Address Line 1: | 975 Oak Street | | |
| Address Line 2: | Suite 700 | | |
| Address Line 4: | Eugene, OREGON 97401 | | |
| NAME OF SUBMITTER: | Catherine D. Susman | | |
| Signature: | /Catherine D. Susman/ | | |
| Date: | 11/21/2006 | | |
| Total Attachments: 1 | | | |

OP \$40.00 2416787



Phone: (503) 986-2200
 Fax: (503) 378-4381

Articles of Amendment—Business/Professional/Nonprofit

Secretary of State
 Corporation Division
 255 Capitol St. NE, Suite 151
 Salem, OR 97310-1327
 FilingInOregon.com

Check the appropriate box below:

- BUSINESS/PROFESSIONAL CORPORATION
 (Complete only 1, 2, 3, 4, 6, 7)
 NONPROFIT CORPORATION
 (Complete only 1, 2, 3, 5, 6, 7)

FILED

SEP 09 2005

**OREGON
 SECRETARY OF STATE**

REGISTRY NUMBER: 112691-80

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
 We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink.

1) NAME OF CORPORATION PRIOR TO AMENDMENT: Advanced Friction Technology, Inc.

2) STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ. (Attach a separate sheet if necessary.)

Article I: The name of this corporation is CHAMPION TECHNOLOGIES, INC., and its duration shall be perpetual.

3) THE AMENDMENT WAS ADOPTED ON: August 30, 2005

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

BUSINESS/PROFESSIONAL CORPORATION ONLY

4) CHECK THE APPROPRIATE STATEMENT

Shareholder action was required to adopt the amendment(s). The vote was as follows:

| Class or series of shares | Number of shares outstanding | Number of votes entitled to be cast | Number of votes cast FOR | Number of votes cast AGAINST |
|---------------------------|------------------------------|-------------------------------------|--------------------------|------------------------------|
| | 500 | 500 | 500 | 0 |

Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.

The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the Incorporators or by the board of directors.

NONPROFIT CORPORATION ONLY

5) CHECK THE APPROPRIATE STATEMENT

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required. The membership vote was as follows:

| Class(es) entitled to vote | Number of members entitled to vote | Number of votes entitled to be cast | Number of votes cast FOR | Number of votes cast AGAINST |
|----------------------------|------------------------------------|-------------------------------------|--------------------------|------------------------------|
| | | | | |

6) EXECUTION

Signature

Printed Name

Title

W.C. DeChent

William C. DeChent

President

7) CONTACT NAME (To resolve questions with this filing.)

Howard F. Feinman

DAYTIME PHONE NUMBER (Include area code.)

(541) 485-5151

FEES

Required Processing Fee \$50

No Fee for Nonprofit Type Change Only

Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

COPY

Handwritten initials