

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM651899

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	RELEASE OF SECURITY INTEREST		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
FIRST MIDWEST BANK, AS ADMINISTRATIVE AGENT		11/06/2020	BANKING CORPORATION: ILLINOIS
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	BENEFIT MOBILE, INC.		
<b>Street Address:</b>	300 Millennium Drive		
<b>City:</b>	Crystal Lake		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	60012		
<b>Entity Type:</b>	Corporation: DELAWARE		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5457580	BENEFIT	
<b>Registration Number:</b>	5457581	RAISE FUNDS WITHOUT FUNDRAISING	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	916.930.79		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	916.930.3263		
<b>Email:</b>	TMDocket@us.dlapiper.com		
<b>Correspondent Name:</b>	Carissa Bouwer, Esq.		
<b>Address Line 1:</b>	555 Mission Street, Suite 2400		
<b>Address Line 2:</b>	DLA Piper LLP (US)		
<b>Address Line 4:</b>	San Francisco, CALIFORNIA 94105-2933		
<b>NAME OF SUBMITTER:</b>	Carissa Bouwer, Esq. of DLA Piper LLP		
<b>SIGNATURE:</b>	/Carissa Bouwer/		
<b>DATE SIGNED:</b>	06/04/2021		
<b>Total Attachments: 9</b>			
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source=UCC Benefit Mobile COMPLETE#page2.tif			
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source=UCC Benefit Mobile COMPLETE#page8.tif

source=UCC Benefit Mobile COMPLETE#page9.tif

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

**A. NAME & PHONE OF CONTACT AT FILER (optional)**  
 LIEN SOLUTIONS 800-331-3282

**B. E-MAIL CONTACT AT FILER (optional)**  
 UCCFILINGRETURN@WOLTERSCLUWER.COM

**C. SEND ACKNOWLEDGMENT TO: (Name and Address)**

P.O. BOX 29071  
 GLENDALE, CA 91209-9071  
 US

Delaware Department of State  
 U.C.C. Filing Section  
 Filed: 09:52 AM 11/15/2018  
 U.C.C. Initial Filing No: 2018 7913417  
 Service Request No: 20187655754

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME  
 BENEFIT MOBILE, INC.

OR

1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 300 MILLENNIUM DRIVE CRYSTAL LAKE IL 60012 US

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
 FIRST MIDWEST BANK, AS ADMINISTRATIVE AGENT

OR

3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 8750 WEST BRYN MAWR AVE., STE 1300 CHICAGO IL 60631 US

4. **COLLATERAL:** This financing statement covers the following collateral:  
**All assets of the Debtor, wherever located, whether now owned or existing or hereafter acquired or arising, together with all proceeds thereof.**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:  
 DE-0-67359115-56149686

## Filing Results

**KAY KIM**  
**McDermott Will & Emery LLP**  
**2049 Century Park East**  
**Suite 3800**  
**Los Angeles, CA 90067-3208**

**Date:** 11/13/2020  
**Order #:** 77624310  
**Customer #:** 507197  
**Reference 1:** 106098.0010  
**Reference 2:** --

---

**Target Name:** 20187913417

---

**Jurisdiction:** Secretary of State, Delaware

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**Filing Type:** Termination Filing **Searched Through:** --  
**Results:** See attached filing acknowledgement

**Document Listing:**

File #	File Date	Type of Filing
2020 7862842	11/10/2020	Termination

---

**SEAN MOORE**  
**Service Solutions Team 2**  
**555 Capitol Mall**  
**Ste 1150**  
**Sacramento, CA 95814**  
**8008748820**  
**sean.moore@wolterskluwer.com**

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# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Delaware Department of State  
U.C.C. Filing Section  
Filed: 05:19 PM 11/10/2020  
U.C.C. Initial Filing No: 2018 7913417  
Amendment No: 2020 7862842  
Service Request No: 20208331202

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**20187913417 11/15/18**

1b.  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer, attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.

2.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3.  **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8.

4.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

5.  **PARTY INFORMATION CHANGE:**  
Check one of these two boxes:  Debtor or  Secured Party of record. **AND** Check one of these three boxes to:  CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c.  ADD name: Complete item 7a or 7b, and item 7c.  DELETE name: Give record name to be deleted in item 6a or 6b.

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b).

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name).

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8.  **COLLATERAL CHANGE:** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral. Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor.

9a. ORGANIZATION'S NAME  
**First Midwest Bank, as Administrative Agent**

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA:**  
**DE SOS - #106098.0010**

## Filing Results

**KAY KIM**  
**McDermott Will & Emery LLP**  
**2049 Century Park East**  
**Suite 3800**  
**Los Angeles, CA 90067-3208**

**Date: 11/13/2020**  
**Order #: 77624310**  
**Customer #: 507197**  
**Reference 1: 106098.0010**  
**Reference 2: --**

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**Target Name: 20184997363**

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**Jurisdiction: Secretary of State, Delaware**

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**Filing Type: Termination Filing** **Searched Through: --**  
**Results: See attached filing acknowledgement**

**Document Listing:**

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<b>File #</b>	<b>File Date</b>	<b>Type of Filing</b>
2020 7862909	11/10/2020	Termination

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**SEAN MOORE**  
**Service Solutions Team 2**  
**555 Capitol Mall**  
**Ste 1150**  
**Sacramento, CA 95814**  
**8008748820**  
**sean.moore@wolterskluwer.com**

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# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Delaware Department of State  
U.C.C. Filing Section  
Filed: 05:21 PM 11/10/2020  
U.C.C. Initial Filing No: 2018 4997363  
Amendment No: 2020 7862909  
Service Request No: 20208331257

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**20184997363 07/20/18**

1b.  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer, attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.

2.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3.  **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8.

4.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

5.  **PARTY INFORMATION CHANGE:**  
Check one of these two boxes:  Debtor or  Secured Party of record. **AND** Check one of these three boxes to:  CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c.  ADD name: Complete item 7a or 7b, and item 7c.  DELETE name: Give record name to be deleted in item 6a or 6b.

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b).

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name).

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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8.  **COLLATERAL CHANGE:** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral. Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor.

9a. ORGANIZATION'S NAME  
**First Midwest Bank, as Administrative Agent**

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA:**  
**DE SOS - #106098.0010**

## Filing Results

**KAY KIM**  
**McDermott Will & Emery LLP**  
**2049 Century Park East**  
**Suite 3800**  
**Los Angeles, CA 90067-3208**

**Date: 11/13/2020**  
**Order #: 77624310**  
**Customer #: 507197**  
**Reference 1: 106098.0010**  
**Reference 2: --**

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**Target Name: 20184997421**

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**Jurisdiction: Secretary of State, Delaware**

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**Filing Type: Termination Filing** **Searched Through: --**  
**Results: See attached filing acknowledgement**

**Document Listing:**

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<b>File #</b>	<b>File Date</b>	<b>Type of Filing</b>
2020 7862966	11/10/2020	Termination

---

**SEAN MOORE**  
**Service Solutions Team 2**  
**555 Capitol Mall**  
**Ste 1150**  
**Sacramento, CA 95814**  
**8008748820**  
**sean.moore@wolterskluwer.com**

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# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Delaware Department of State  
U.C.C. Filing Section  
Filed: 05:23 PM 11/10/2020  
U.C.C. Initial Filing No: 2018 4997421  
Amendment No: 2020 7862966  
Service Request No: 20208331300

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**20184997421 07/20/18**

1b.  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer, attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.

2.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3.  **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8.

4.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

5.  **PARTY INFORMATION CHANGE:**  
Check one of these two boxes:  Debtor or  Secured Party of record. **AND** Check one of these three boxes to:  CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c.  ADD name: Complete item 7a or 7b, and item 7c.  DELETE name: Give record name to be deleted in item 6a or 6b.

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b).

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name).

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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8.  **COLLATERAL CHANGE:** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral. Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor.

9a. ORGANIZATION'S NAME  
**First Midwest Bank, as Administrative Agent**

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
--------------------------	---------------------	-------------------------------	--------

10. **OPTIONAL FILER REFERENCE DATA:**  
**DE SOS - #106098.0010**

## Filing Results

**KAY KIM**  
**McDermott Will & Emery LLP**  
**2049 Century Park East**  
**Suite 3800**  
**Los Angeles, CA 90067-3208**

**Date: 11/13/2020**  
**Order #: 77624310**  
**Customer #: 507197**  
**Reference 1: 106098.0010**  
**Reference 2: --**

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**Target Name: 20184997413**

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**Jurisdiction: Secretary of State, Delaware**

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**Filing Type: Termination Filing**

**Searched Through: --**

**Results: See attached filing acknowledgement**

**Document Listing:**

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<b>File #</b>	<b>File Date</b>	<b>Type of Filing</b>
2020 7863139	11/10/2020	Termination

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**SEAN MOORE**  
**Service Solutions Team 2**  
**555 Capitol Mall**  
**Ste 1150**  
**Sacramento, CA 95814**  
**8008748820**  
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# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Delaware Department of State  
U.C.C. Filing Section  
Filed: 05:25 PM 11/10/2020  
U.C.C. Initial Filing No: 2018 4997413  
Amendment No: 2020 7863139  
Service Request No: 20208331389

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**20184997413 07/20/18**

1b.  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS  
Filer, attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

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For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5.  **PARTY INFORMATION CHANGE:**  
Check one of these two boxes:  Debtor or  Secured Party of record  
**AND** Check one of these three boxes to:  
 CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c  
 ADD name: Complete item 7a or 7b, and item 7c  
 DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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8.  **COLLATERAL CHANGE:** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME  
**First Midwest Bank, as Administrative Agent**

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
--------------------------	---------------------	-------------------------------	--------

10. **OPTIONAL FILER REFERENCE DATA:**  
**DE SOS - #106098.0010**