

02-10-1999



100962127

NRD  
9.15.99

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

#### Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID #
- Correction of PTO Error  
Reel #  Frame #
- Corrective Document  
Reel #  Frame #

#### Conveyance Type

- Assignment
- License
- Security Agreement
- Nunc Pro Tunc Assignment
- Merger  
Effective Date  
Month Day Year
- Change of Name
- Other

#### Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

Name

Formerly

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other
- Citizenship/State of Incorporation/Organization

#### Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AK/A/T/A

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Citizenship/State of Incorporation/Organization

#### FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK

REEL: 1851 FRAME: 0726

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages** Enter the total number of pages of the attached conveyance document including any attachments. #

**Trademark Application Number(s) or Registration Number(s)**  Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text" value="75/319,384"/>	<input type="text" value="75/361,018"/>	<input type="text" value="75/373,678"/>	<input type="text" value="2,149,877"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75/360,447"/>	<input type="text" value="75/373,221"/>	<input type="text" value="75/360,446"/>	<input type="text" value="2,119,756"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75/361,017"/>	<input type="text" value="75/373,298"/>	<input type="text" value="75/208,653"/>	<input type="text" value="2,184,021"/>	<input type="text"/>	<input type="text"/>

**Number of Properties** Enter the total number of properties involved. #

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account  Fee with Doc. ID No. 100834362

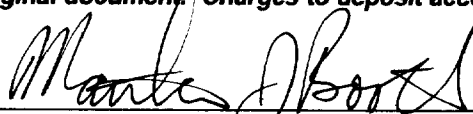
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) #

Authorization to charge additional fees: Yes  No

**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. Charges to deposit account are authorized, as indicated herein.

Matthew J. Booth, Reg. No. 35,454  
Name of Person Signing

  
Signature

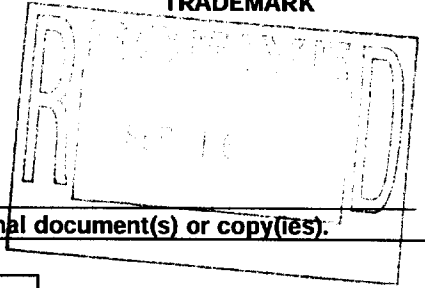
2-5-99  
Date Signed

MRD 9-15-98

FORM PTO-1618A  
Expires 06/30/99  
OMB 0651-0027

~~09-18-1998~~  
~~100834362~~

U.S. Department of Commerce  
Patent and Trademark Office  
**TRADEMARK**



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- Merger
- Change of Name
- Other  Termination of Security Agreement
- License
- Nunc Pro Tunc Assignment
- Effective Date  
Month Day Year  
 8/13/98

**Conveying Party**

Mark if additional names of conveying parties attached

Name  Finova Capital Corporation

Execution Date  
Month Day Year  
 8/13/98

- Formerly
- Individual
  - General Partnership
  - Limited Partnership
  - Corporation
  - Association
  - Other
  - Citizenship/State of Incorporation/Organization  California

**Receiving Party**

Mark if additional names of receiving parties attached

- Name  The Aromatherapy of Rome, Inc.
- DBA/AKA/TA
- Composed of
- Address (line 1)  18802 72nd Avenue South
- Address (line 2)
- Address (line 3)  Kent  Washington USA  98032
- City State/Country Zip Code
- Individual
  - General Partnership
  - Limited Partnership
  - Corporation
  - Association
  - Other
  - Citizenship/State of Incorporation/Organization  Texas
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09/16/1998 SSMITH 00000025 75319384

01 FC:481 40.00 OP  
02 FC:482 275.00 OP

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REEL: 1851 FRAME: 0728

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Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

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<input type="text" value="75/360,447"/>	<input type="text" value="75/373,221"/>	<input type="text" value="75/360,446"/>
<input type="text" value="75/361,017"/>	<input type="text" value="75/373,298"/>	<input type="text" value="75/208,653"/>

**Registration Number(s)**

<input type="text" value="2,149,877"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="2,119,756"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="2,184,021"/>	<input type="text"/>	<input type="text"/>

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Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

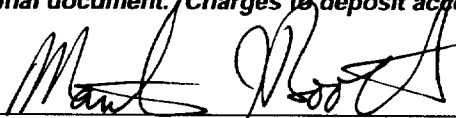
Deposit Account Number: #

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Matthew J. Booth, Reg. No. 35,454



9/15/98

Name of Person Signing

Signature

Date Signed

**SCHEDULE A****TRADEMARKS**

<u>Trademark</u>	<u>Jurisdiction</u>	<u>Reg. Date</u>	<u>Reg. No.</u>
THE AROMATHERAPY OF ROME	U.S.	12/9/97	2,119,756
COLOUR	U.S.	4/7/98	2,149,877

**APPLICATIONS FOR TRADEMARKS**

<u>Trademark</u>	<u>Jurisdiction</u>	<u>Date Filed</u>	<u>Serial No.</u>
APOTHECARIO DE ROMA	U.S.	10/15/97	75-373,678
APOTHECARIO DE ROMA	U.S.	10/15/97	75-373,298
APOTHECARIO DE ROMA	U.S.	10/15/97	75-373,221
ROME	U.S.	9/22/97	75-361,018
L'ASSOLUTO	U.S.	9/22/97	75-361,017
L'ASSOLUTO	U.S.	9/22/97	75-360,447
CONCRETE PARFUME	U.S.	9/22/97	75-360,446
ESSENZA	U.S.	7/31/97	75-334,697
ESSENZA	U.S.	7/3/97	75-319,384
COLOUR	U.S.	12/5/96	75-208,653


TERMINATION OF ASSIGNMENT OF TRADEMARKS

FOR VALUE RECEIVED, the undersigned, FINOVA CAPITAL CORPORATION (hereinafter referred to as "Assignee") hereby terminates its security interest and any other interest in or rights to the trademarks described on Schedule A attached hereto and by this reference incorporated herein and hereby reassigns and transfers to THE AROMATHERAPY OF ROME, INC., a Texas corporation (hereinafter referred to as "Assignor"), all of Assignee's rights under such assignment.

Assignee hereby represents and warrants unto Assignor that Assignee has not heretofore alienated or assigned its rights under the assignment.

IN WITNESS WHEREOF, Assignee has executed this termination of assignment this 13<sup>th</sup> day of August, 1998.

FINOVA CAPITAL CORPORATION

By:   
Name: RON B. BERNSTEIN  
Title: Vice Presidents

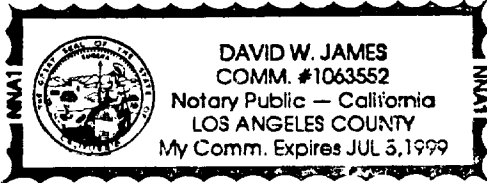
**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF LOS ANGELES )


On August 13, 1998, before me, David W. James, Notary Public,  
Date Name and Title of Officer (e.g. "Jane Doe, Notary Public")

personally appeared Ron Bornstein,  
Name of Signer(s)

personally known to me – OR –  proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal.

  
Signature of Notary Public

**OPTIONAL**

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

**CAPACITY(IES) CLAIMED BY SIGNER(S)**

- Individual
- Corporate Officer

\_\_\_\_\_  
Title(s)

- Partner(s)  Limited  General
- Attorney-In-Fact
- Trustee(s)
- Guardian/Conservator
- Other: \_\_\_\_\_

Signer is Representing:  
Name of Person(s) or Entity(ies)  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF ATTACHED DOCUMENT**

\_\_\_\_\_  
Title or Type of Document

\_\_\_\_\_  
Number of Pages

\_\_\_\_\_  
Date of Document

\_\_\_\_\_  
Signer(s) Other Than Named Above