

10-25-1999

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office



101180808

To the Assistant Commissioner for Trademarks. Please record the attached original document or copy thereof.

<p>1. Name of conveying party(ies):</p> <p>New Horizons Computer Learning Center of Santa Ana, Inc., a Delaware corporation</p> <p>Additional name(s) attached? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: New Horizons Education Corporation, a Delaware corporation</p> <p>Internal Address:</p> <p>Street Address: 1231 East Dyer Road, Suite 140 Santa Ana, California 92705</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>
<p>3. Nature of Conveyance</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other</p> <p>Effective Date: September 28, 1999</p>	

4. Application number(s) and/or registration number(s):

If this document is being filed together with a new application, the execution date of the application is _____.

A. Trademark Application No(s): _____ B. Trademark Registration No(s): _____

1,337,233

Additional number(s) attached? yes no

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Tara A. Kastelic Calfec, Halter & Griswold LLP 1400 McDonald Investment Center 800 Superior Avenue Cleveland, Ohio 44114-2688</p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR 3.41): \$40.00</p> <p><input checked="" type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account: <input type="checkbox"/> Total fee due <input checked="" type="checkbox"/> Any deficiencies in the enclosed fees</p> <p>8. Deposit account number: 03-0172</p> <p>Attach duplicate copy of this page if paying by deposit account.</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DO NOT USE THIS SPACE

9. 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.

Tara A. Kastelic Tara A. Kastelic October 19, 1999
Name of Person Signing Signature Date

Reg. No.: 35,980; Tel: 216-622-8329

10/22/1999 NTHA11 00000315 1337233

Total number of pages comprising transmittal: 1

01 FC:48 40.00 OP

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

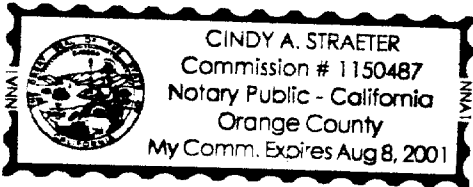
State of California

County of Orange

On October 4, 1999 before me, Cindy A. Straeter, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Thomas Bresnan
Name(s) 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 she they executed the same in his her their authorized capacity (ies), and that by his her their signature (s) on the instrument the person (s), or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal.

[Signature]

Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: Assignment

Document Date: 9-28-99 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

Signer Is Representing: _____