	
FORM PTO-1618A Expires 05/30/89 OMB 0661-0027	0 - 22 - 2000 U.S. Dupartment of Commerce Patant and Trademark Office TRADEMARK
RECORDATIO	01359801 ON FORM COVER SHEET MARKS ONLY
TO. The Commissioner of Patents and Trademarks:	Please record the attached original document(s) or copy(les).
Submission Type New	Conveyance Type Assignment License
Resubmission (Non-Recordation) Document ID #	Security Agreement Nunc Pro Tunc Assignment Effective Date Month Day Year
Correction of PTO Error Reel # Frame # Corrective Document	Change of Name
Reel # 001981 Frame # 0730	Correction of spelling os ASSIGNOR name
Conveying Party	Mark if additional names of conveying parties attached Execution Date Month Day Year
Name Portable On Demand Storage, L.L.C	
Formerly	
	Limited Partnership Corporation Association
Other Limited Liability Corporation	Florida
Citizenship/State of Incorporation/Organiza	Mark if additional names of receiving parties attached
Name PODS, Inc.	
DBA/AKA/TA	
Composed of	
Address (line 1) 12200 34th Street North, Suite D	
Address (line 2)	
Address (line 3) Clearwater City	FL 33762 Zip Code
Individual General Partnership	Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an
Corporation Association Other	appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
Citizenship/State of Incorporation/Organiz	
/2000 DNGUYEN 00000001 131992 7558726 FO Ref: 00000095 DA#: 131992 7558726 :481 40.00 CH	R OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to everage approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the decument and gethering the data needed to complete the Cover Sheet. Send comments agarding 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, Paperseark Reviewing Project (6651-0027), Washington, D.C. 20583. See OMS Information Collection Budget Package 0551-0627, Patent and Trademark Assignment Produce. Do NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) Information to:

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FORM PTO-1618B Espires 04:30.89 OMB 0051-007	Page 2	U.S. Department of Commerce Faters and Trademark Office TRADEMARK				
Domestic Representative No	ame and Address Enter for the first Re	colving Party only.				
Name						
Address (line 1)						
Address (line 2)	<u> </u>					
Address (line 3)						
Address (line 4)						
Correspondent Name and A	ddress Area Code and Telephone Number 72	7-538-3800				
Name Anne S. Mas						
	ociates, P.A.					
Address (line 2) 17757 US Hw	y 19 N., Suite 500					
Address (line 3) Clearwater,	FL 33764					
Address (line 4)						
Pages Enter the total num Including any attach	nber of pages of the attached conveyance doc chments.	ument #				
Trademark Application Num	ber(s) or Registration Number(s)	Mark if additional numbers attached				
	Number <u>or</u> the Registration Number (DO NOT ENTER BOTI	H numbers for the same property). ation Number(s)				
Trademerk Application 75/587,426	2,265,856					
National Broading		#2				
Number of Properties Enter the total number of properties involved. # 2 Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 65.00						
Fee Amount Fee Method of Payment:	Enclosed Deposit Account	\$ 65.00				
Deposit Account	unt or if additional fees can be charged to the account.)	[12,1002				
(Enter for payment by deposit 2000	Deposit Account Number:	# 13-1992				
	Authorization to charge additional fees:	Yes X No				
Statement and Signature	Express Mail Numb	DET: If correct and any				
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.	AMINI	May 22, 2000				
Anne S. Mason Name of Person Signing	Signature	Date Signed				

AND HAVE HAVE HAVE HAVE HAVE HAVE HAVE HAVE	R' O	10-29	-1999	U.S. DEPARTMENT OF COMMERCE
>	31			Patent and rademark Office
10-20-1999	Commissioner of Pater			original documents or copy thereof.
Patent & TMOfc/TM Mail Rcpt Dt. #11	rty(ies):	1100.0.	84120	ss of receiving party(ies):
Portables On Demand Sto	orage, L.L.C.	(01)	Name: PODS, Inc.	
☐ Individual(s)	☐ Association			2200 34th Street North, Suite D
☐ General Partnership	☐ Limited Partne	ership		
,	orporation-State Florida			State: FL ZIP: <u>33762</u>
Other Limited Liability Company - Florida			nship	
Additional name(s) of convey	- ing party(ies) attached? □	Yes DONO	☐ Association	
 Nature of conveyant 		100 110	☐ General Partnersh	ip
				P
⊠ Assignment	☐ Mørger		l .	Florida
☐ Security Agreement	☐ Change of Na	me	1	
Other	Other		If assignee is not domiciled in the United States, a domestic representative designation is	
Execution Date:			atlached. □ Yes □ No	
			(Designations must be a si Additional name(s) & addre	eperate document from assignment) ess(es) attached?
4. Application number	r(s) or patent number(s):		1 Meantaine (a) a accept	asses, anadinos, El res El re
A. Tradema	rk Application No.(s)		B. T	rademark Registration No.(s)
	75/439,272*			(Registration received in
	75/587,426		mail after Assignment was	
				executed)
	Ad	lditional numbers a	attached? ☐ Yes ☐ No	
5. Name and address of party to whom correspondence		6. Total numb	per of applications and registrations	
concerning document should be mailed:		involved:	(2)	
Name: Anne S. Mason				
Internal Address: Mason & Associates		7. Total fee (37 CFR 3.41)\$\$5.00	
			☐ Enclose	ed .
			⊠Authori:	zed to be charged to deposit account
Street Address: 17757 US I	Hwy 19 North, Suite 500			count number:
				13-1992 cate copy of this page if paying by deposit account)
City: Clearwater	State: FL ZIP:	33764	(Allest separ	care copy or this page is paying by deposit accounty
		DO NOT US	E THIS SPACE	
9. Statement and sig				
To the best of my document.	knowledge and belief, the t	oregoing informati	on is true and correct ar	nd any attached copy is a true copy of the original
oocament.		4	47010 01	
Anne S. Mason			vin -	9/20/99
Name of Person Signing		/	Signature	Date

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Total number of pages including cover sheet, attachments, and document:

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Washington, D.C. 20231

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ASSIGNMENT OF APPLICATION FOR REGISTRATION OF A MARK

Whereas Portables On Demand Storage, L.L.C. a Florida Limited Liability Company, of 12200 34th Street North, Suite D, Clearwater, FL 33762, has adopted and is using marks for which said assignor has filed applications in the United States Patent and Trademark Office for registrations, Serial No.75/439,272 and 75/587,426; and

Whereas PODS, Inc. a Florida corporation, of 12200 34th Street North, Suite D, Clearwater, FL 33762, is desirous of acquiring said marks:

Now, therefore, for good and valuable consideration, receipt of which is hereby acknowledged, said Portables On Demand Storage, L.L.C. a Florida Limited Liability Company, of 12200 34th Street North, Suite D, Clearwater, FL 33762 does hereby assign unto the said PODS, Inc. a Florida corporation, of 12200 34th Street North, Suite D, Clearwater, FL 33762 all right, title and interest in and to the said marks, together with the good will of the business symbolized by the marks, and the above identified applications for registration of said marks.

The Commissioner of Patents and Trademarks is requested to issue the certificate of registrations to said assignee.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and rather that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 101 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any registration resulting therefrom.

Portables On Demand Storage, L.L.C.

By: Peter Warhurst, President

SUBSCRIBED at	nd SWORN to before me this 18	day of County.
FLORIDA	4	



Notary Public

My Commission Expires: OCT. 16, 2001

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RECORDED: 06/22/2000