

05-24-2000

M.M.  
S.B.W.



101366800

### 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  
Effective Date  
Month Day Year

Merger

Change of Name

Other

#### Conveying Party

Mark if additional names of conveying parties attached

Name  Execution Date  
Month Day Year

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/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)     
City State/Country 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 appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Corporation  Association

Other

Citizenship/State of Incorporation/Organization

05/24/2000 JSMBRZZ 00000028 75342544

01 FC:481 40.00 OP  
02 FC:482 325.00 OP

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: 002077 FRAME: 0878

**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="75542544"/>	<input type="text" value="75659943"/>	<input type="text" value="75659944"/>	<input type="text" value="1389310"/>	<input type="text" value="2234535"/>	<input type="text" value="2276258"/>
<input type="text" value="75659947"/>	<input type="text" value="75659948"/>	<input type="text" value="75659949"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75600300"/>	<input type="text" value="75723676"/>	<input type="text" value="75723753"/>	<input type="text"/>	<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

Deposit Account

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

Deposit Account Number:

#

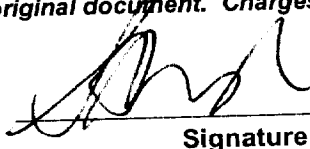
Authorization to charge additional fees:

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.

STEVEN C. SCHNEDLER  
Name of Person Signing

  
Signature

May 3, 2008  
Date Signed

**RECORDATION FORM COVER SHEET  
CONTINUATION  
TRADEMARKS ONLY**

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

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

**Conveying Party**

Enter Additional 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**

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

Individual     General Partnership     Limited Partnership

Corporation     Association

Other

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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)**

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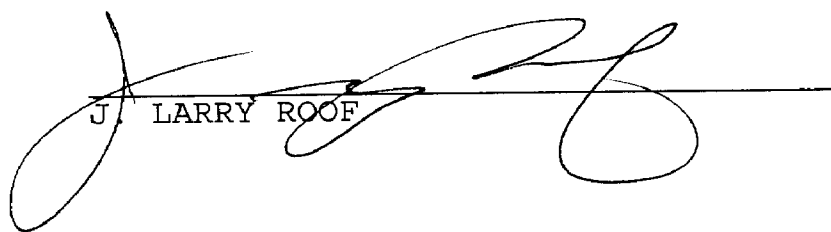
ASSIGNMENT OF TRADEMARKS

WHEREAS, J. LARRY ROOF, an individual, has incorporated his on-going and existing business as FLAT CREEK MOUNTAIN, INC., a North Carolina corporation having a business address at 333 Lower Flat Creek Rd., Asheville, North Carolina 28701, and a mailing address of P. O. Box 8344, Asheville, North Carolina 28814;

NOW, THEREFORE, J. LARRY ROOF, by these presents, does hereby assign and transfer to FLAT CREEK MOUNTAIN, INC., its successors and assigns, the entire right, title and interest in and to the trademarks, applications for registration and registrations listed below, and including without limitation, the goodwill appurtenant thereto, and the right to sue and recover thereon, all claims and causes of action for, and all rights to sue and recover and retain damages and profits for past infringements of or unpaid royalties with respect to the use of any party or parties, the same to be held and enjoyed by FLAT CREEK MOUNTAIN, INC., its successors and assigns, or other legal representatives, as fully and entirely as the same would have been enjoyed by J. Larry Roof had this Assignment not been made.

<u>Trademark</u>	<u>App. No.</u>	<u>Req. No.</u>	<u>Docket No.</u>
LANGUAGE OF FLOWERS		1,389,310	
MINT JULEP (and design)		2,234,535	FCM-4
MINT JULEP (and design)		2,276,258	FCM-5
LANGUAGE OF FLOWERS	75/542,544		FCM-8
LANGUAGE OF FLOWERS	75/659,943		FCM-14
LANGUAGE OF FLOWERS	75/659,944		FCM-13
LANGUAGE OF FLOWERS	75/659,947		FCM-11
LANGUAGE OF FLOWERS	75/659,948		FCM-12
LANGUAGE OF FLOWERS	75/659,949		FCM-10
LANGUAGE OF FLOWERS	75/600,300		FCM-9
MINT JULEP (and design)	75/723,676		FCM-15
LOVE & ROSES	75/723,753		FCM-16
LOVE & ROSES	75/734,171		FCM-17
LOVE & ROSES	75/738,387		FCM-18

Executed this 5/2/00 day of May, 2000.

  
 J. LARRY ROOF

STATE OF NORTH CAROLINA )  
 )  
COUNTY OF BUNCOMBE )

SS:

I, Brenda E. Christopher, a Notary Public for said County and State, do hereby certify that J. LARRY ROOF personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 2<sup>nd</sup> day of May, 2000.

(Official Seal)



Brenda E. Christopher  
Notary Public

My commission expires:

Aug. 22, 2000

C:\TMMISC\ASSIGN.FCM