

07-11-2000



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

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- New
- Resubmission (Non-Recordation)
Document ID #
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Reel # Frame #
- Corrective Document
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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

Name CLINIQUE LABORATORIES, INC

Execution Date
Month Day Year
6 12 2000

Formerly

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

Receiving Party

Mark if additional names of receiving parties attached

Name LIPTON INVESTMENTS, INC

DBA/AKA/TA

Composed of

Address (line 1) 501 SILVERSIDE ROAD

Address (line 2)

Address (line 3) WILMINGTON DELAWARE USA 19809
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 STATE OF DELAWARE

FOR OFFICE USE ONLY

07/10/2000 BNGUYEN 00000326 051315 2304635

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TRADEMARK
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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 **212 888 -1260**

Name

ERIC MCCORHICK, ESQ

Address (line 1)

LEVER HOUSE

Address (line 2)

390 PARK AVENUE

Address (line 3)

NEW YORK, NEW YORK. 10022-4698

Address (line 4)

Pages

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

1

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)

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Number of Properties

Enter the total number of properties involved.

1

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.)

Estee Lauder Companies.

Deposit Account Number:

051315

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.

MARY Costello

Name of Person Signing

Mary Costello

Signature

6/12/2000

Date Signed

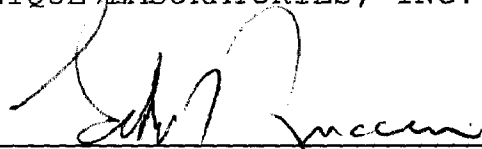
ASSIGNMENT

In consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, **CLINIQUE LABORATORIES, INC.**, a Delaware corporation, whose post office address is 767 Fifth Avenue, New York, New York ("Assignor"), does hereby assign, sell and set over unto **LIPTON INVESTMENTS, INC.**, a Delaware corporation, having its principal offices at 501 Silverside Road, Wilmington, Delaware 19809, all of its right, title and interest in and to the trademark SMUDGESICLE for each and every use in respect of which it shall have been used by Assignor, together with the goodwill of the business symbolized by said trademark, the registration identified below and all rights of any and every nature whatsoever, including the right to sue for past infringement arising out of or relating to the adoption, use or ownership of said trademark.

U.S. Registration No. Date of Registration
2,304,635 DECEMBER 28, 1999

Signed this 12TH day of JUNE 2000.

CLINIQUE LABORATORIES, INC.



Name: LIDO L. PUCCINI
Title: Assistant Secretary

STATE OF NEW YORK
COUNTY OF NEW YORK

On this 12TH day of JUNE 2000 before me, personally came LIDO L. PUCCINI, to me known and known to me to be the Assistant Secretary of Clinique Laboratories, Inc., the corporation which executed the foregoing Assignment. I further certify that LIDO L. PUCCINI in his/her aforesaid capacity is authorized to execute such document on behalf of said corporation.



Notary Public

(Seal)

WILLIAM JELINEK
Notary Public, State of New York
No. 02JE5031411
Certified in New York County
Commission Expires Aug. 1, 2002