

11-07-2000

MRD
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RECORD 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

Execution Date
Month Day Year

Name HOME DEPOT U.S.A., INC.

08/24/2000

Formerly _____

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

Receiving Party

Mark if additional names of receiving parties attached

Name HOMER TLC, INC.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 1404 SOCIETY DRIVE

Address (line 2) _____

Address (line 3) CLAYMONT DELAWARE/ U.S.A. 19703
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 DELAWARE

11/06/2000 NTHA11 00000158 500900 2030442 FOR OFFICE USE ONLY
01 FC:481 40.00 CH

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, DC 20231

TRADEMARK
REEL: 002168 FRAME: 0391

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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2,030,442"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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.

SUZANNE FETTIG

Name of Person Signing



Signature

09/05/00

Date Signed

TRADEMARK ASSIGNMENT

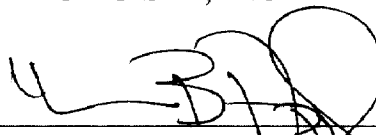
WHEREAS, Home Depot U.S.A., Inc., a Delaware corporation having an address of 2455 Paces Ferry Road, Atlanta, Georgia (“Assignor”), is the owner of the trademark PRO QUIP (hereinafter the “Mark”) for which the following U.S. registration has been issued:

<u>MARK</u>	<u>REGISTRATION NO.</u>	<u>REGISTRATION DATE</u>
PRO QUIP	2,030,442	January 14, 1997

WHEREAS, Homer TLC, Inc., a Delaware corporation having an address of 1404 Society Drive, Claymont, Delaware 19703 (“Assignee”), desires to acquire the ownership of the Mark, all registrations thereof, and all rights and goodwill associated therewith and Assignor desires to convey the same to Assignee.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Assignor does hereby assign, effective as August 18, 2000 to Assignee, of all its right, title and interest in and to the Mark, together with the goodwill of the business symbolized by the Mark and the above listed Registration of the Mark. The Assignor further grants to the Assignee the right to recover damages and all other relief for all infringements of the Trademark which has occurred prior to the date of this Assignment.

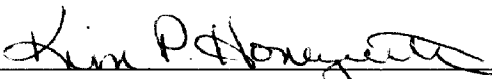
The Assistant Commissioner for Trademarks is requested to issue all renewals of the above-mentioned Registration to said assignee, Homer TLC, Inc.



By: _____
Printed Name: Laurence B. Appel
Title: Senior Vice President
Date: August 24, 2000

STATE OF GEORGIA)
) SS:
COUNTY OF COBB)

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this 24th day of August, 2000, personally appeared Laurence B. Appel known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she is authorized to execute the same on behalf of the identified corporation and that he/she executed the same on behalf of the corporation for the purposes and consideration therein expressed.



Notary Public in and for the State of Georgia

My Commission Expires: _____

KIM P. HONEYCUTT
Notary Public, Gwinnett County, Georgia
My Commission Expires March 7, 2004