

11-15-2000

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



101517020

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

MURD  
11-06-00

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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

<b>Submission Type</b>		<b>Conveyance Type</b>	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID # <input type="text"/>	<input checked="" type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel # <input type="text"/> Frame # <input type="text"/>	<input type="checkbox"/> Corrective Document Reel # <input type="text"/> Frame # <input type="text"/>	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Nunc Pro Tunc Assignment
		<input type="checkbox"/> Merger	Effective Date Month Day Year <input type="text"/> 10 30 00
		<input type="checkbox"/> Change of Name	
		<input type="checkbox"/> Other	<input type="text"/>

**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  Corporation  Association

Other

Citizenship/State of Incorporation/Organization

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.)

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: 002173 FRAME: 0914

**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="75/535,951"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75/535,960"/>	<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: #

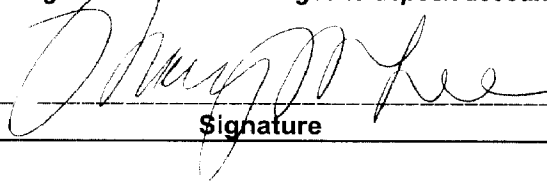
Authorization to charge additional fees: Yes  No

**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.

Mary M. Lee

Name of Person Signing



Signature

11-01-00

Date Signed

RECORDATION FORM COVER SHEET  
CONTINUATION  
TRADEMARKS ONLY

**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

Citizenship/State of Incorporation/Organization

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 the Assignment.)

**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"/>	<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"/>
<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"/>	<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"/>	<input type="text"/>	<input type="text"/>

**ASSIGNMENT OF SERVICE MARKS**

*WHEREAS*, Thomas McCaskill, III, an individual residing at 18300 N. Western, Edmond, OK 73003, and Mark E. Burson, an individual residing at 4300 Steven Drive, Edmond, OK 73013, hereafter "**ASSIGNORS**," have jointly adopted, jointly used and therefore jointly own service marks, referred to hereafter collectively as the "**Marks**," for which applications in the United States Patent and Trademark Office are pending:

<b>Mark</b>	<b>Application No.</b>	<b>Filing Date</b>
"FAMILY BUSINESS PARTNERS" (word only)	75/535,951	08/13/98
"FAMILY BUSINESS PARTNERS" (& Three Faces Logo)	75/535,952	08/13/98
THREE FACES LOGO	75/535,960	08/13/98

**WHEREAS, ASSIGNEE**, Family Business Partners, L.L.C., an Oklahoma limited liability company, having a principal place of business at One Leadership Square, 211 N. Robinson, Suite 1400, Oklahoma City, Oklahoma 73102, desires to acquire the **Marks** and the applications therefor;

**NOW, THEREFORE**, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, **ASSIGNORS** hereby assign to **ASSIGNEE** all right, title and interest in the United States and in all foreign countries in and to the **Marks** and the applications therefor, together with the goodwill of the business symbolized by the **Marks**, and to the right to sue for past infringements thereof. The Commissioner of Patents and Trademarks is requested to issue the Certificates of Registration to **ASSIGNEE**.

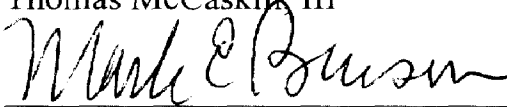
**IN WITNESS WHEREOF, ASSIGNORS** have executed this instrument on the date(s) shown below.

**ASSIGNORS:**

Date: 10-30-00

Signed:   
Thomas McCaskill, III

Date: 10-30-00

Signed:   
Mark E. Burson

Notarial Acknowledgments

State of Oklahoma )  
 ) §§  
County of Oklahoma )

On this 30 day of Oct, 2000, personally appeared to me *Thomas McCaskill, III*, the same known to me to be individual identified above, and acknowledged that he/she executed the foregoing Assignment of Service Marks as ASSIGNOR.

Signed: *Barbara Inyangoh*  
Notary Public

7-8-2002  
My Commission Expires

\*\*\*\*\*

State of Oklahoma )  
 ) §§  
County of Oklahoma )

On this 30 day of Oct, 2000, personally appeared to me *Mark E. Burson*, the same known to me to be individual identified above, and acknowledged that he/she executed the foregoing Assignment of Service Marks as ASSIGNOR.

Signed: *Barbara Inyangoh*  
Notary Public

7-8-2002  
My Commission Expires