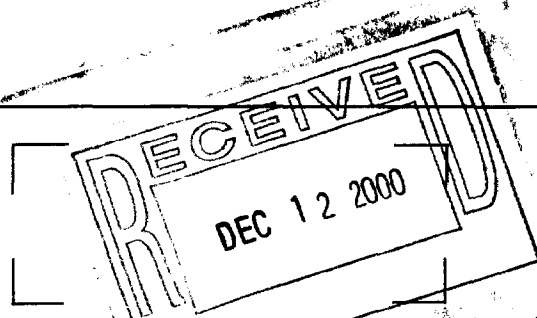


01-03-2001



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

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

12-12-00

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 Blue Chip Casino, LLC Execution Date
Month Day Year 11292000

Formerly _____

Individual General Partnership Limited Partnership Corporation Association

Other Limited Liability Company

Citizenship/State of Incorporation/Organization Indiana

Receiving Party

Mark if additional names of receiving parties attached

Name Boyd Gaming Corporation

DBA/AKA/TA _____

Composed of _____

Address (line 1) 2950 Industrial Road

Address (line 2) _____

Address (line 3) Las Vegas NV 89109
City State/Country Zip Code

Individual General Partnership Limited Partnership Corporation Association

Corporation Association

Other _____

Citizenship/State of Incorporation/Organization Nevada

FOR OFFICE USE ONLY

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.)

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

Domestic Representative Name and Address

Enter for the first Receiving Party only.

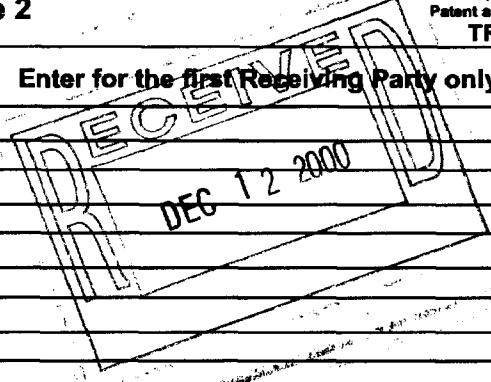
Name

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="2243189"/>	<input type="text" value="2211489"/>	<input type="text" value="2246398"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2249969"/>	<input type="text" value="2241795"/>	<input type="text" value="2160889"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2160925"/>	<input type="text" value="2164546"/>	<input type="text" value="2159612"/>

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.

Whitney Thier

Name of Person Signing

Signature

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/AK/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

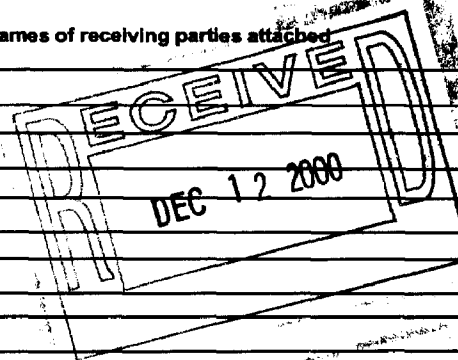
Zip Code

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)

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

Registration Number(s)

<input type="text" value="2159518"/>	<input type="text" value="2246397"/>	<input type="text" value="2164547"/>
<input type="text" value="2261341"/>	<input type="text" value="2159517"/>	<input type="text" value="2251677"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

COUNTY OF CLARK)
)
STATE OF NEVADA)

ss:

TRADEMARK ASSIGNMENT

WHEREAS, BLUE CHIP CASINO, LLC, an Indiana limited liability company, is the owner of the following federal registrations:

<u>Trademark</u>	<u>Registration No.</u>	<u>Class</u>
BLUE CHIP REWARDS	2,243,189	41
BLUE CHIP	2,211,489	6
BLUE CHIP & DESIGN	2,246,398	6
BLUE CHIP	2,249,969	14
BLUE CHIP & DESIGN	2,241,795	14
BLUE CHIP	2,160,889	16
BLUE CHIP & DESIGN	2,160,925	16
BLUE CHIP	2,164,546	20
BLUE CHIP & DESIGN	2,159,612	20
BLUE CHIP	2,159,518	21
BLUE CHIP & DESIGN	2,246,397	21
BLUE CHIP	2,164,547	35
BLUE CHIP & DESIGN	2,261,341	35
BLUE CHIP	2,159,517	41
BLUE CHIP & DESIGN	2,251,677	41
BLUE CHIP	2,201,815	42
BLUE CHIP & DESIGN	2,250,001	42

and WHEREAS, BLUE CHIP CASINO, LLC is the owner of each of those same trademarks,

and BOYD GAMING CORPORATION, a Nevada corporation, is, through its subsidiary BOYD INDIANA, INC., an Indiana corporation, the parent company and owner of BLUE CHIP CASINO, LLC,

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, BLUE CHIP CASINO, LLC hereby transfers and assigns to BOYD GAMING CORPORATION all of its right, title, and interest in said trademarks and trademark registrations, along with the business goodwill represented by those trademarks and trademark registrations.

¹¹⁻⁶⁻⁰⁰ BLUE CHIP CASINO, LLC

By: BOYD INDIANA, INC.,
an Indiana corporation
Its: Sole Member

By: [Signature]
Keith Smith, Senior Vice President

Date: NOVEMBER 29, 2000

Sworn before me this 29th day of November, 2000.

[Signature]
Notary in and for said state and county

