

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

05-10-2001

U.S. Department of Commerce
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		<input type="checkbox"/> Other _____	inc Assignment Date AY Year _____

Conveying Party Mark if additional names of conveying parties attached

Name: Enesco Corporation Execution Date: 1/21/2000

Formerly: _____

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization: Ohio

Receiving Party Mark if additional names of receiving parties attached

Name: Enesco Group, Inc.

DBA/AKA/TA: _____

Composed of: _____

Address (line 1): 225 Windsor Drive

Address (line 2): _____

Address (line 3): Itasca Illinois 60143-1225

City State/Country Zip Code

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization: Massachusetts

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Public burden reporting for this collection of information is estimated to average approximately 38 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 Practices. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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FORM PTO-1618B
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Enter for the first Receiving Party only.

Name

Address (line 1)

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Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

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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="75/684,216"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75/684,016"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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:

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Authorization to charge additional fees:

Yes No

Statement and Signature

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Robert J. Hipple, Esq.

Robert Hipple

2/1/01

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Signature

Date Signed

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OCTOBER 30, 1999