

03-21-2001

01-05-2001

12-14-00

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



101643922



101572924

*Handwritten signature/initials*

### RECORDATION FORM COVER 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
- Merger
- Change of Name
- Other

Effective Date  
Month Day Year  
**12 01 2000**

#### Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

Name

**11 28 2000**

Formerly

**1575586**

- 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)

- 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

#### FOR OFFICE USE ONLY

01/04/2001 MTHRI1 00000142 1575586

01 FC:481 40.00  
02 FC:482 50.00

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: 002254 FRAME: 0602

**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="1575586"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1578146"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1576856"/>	<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.

Cameron J. Barnett  
Asset Structuring Manager of  
Michigan National Bank



11/29/00

Name of Person Signing

Signature

Date Signed



Asset Structuring (10-60)  
27777 Inkster Road  
Farmington Hills, MI 48334

September 28, 1999

Mr. James E. Spoden  
McDonald, Illig, Jones, & Britton LLP  
100 State Street, Suite 700  
Erie, PA 16507-1498  
VIA FACSIMILE (814) 454-4647

Re: Rambaldo Communications Note #0002640688-02075971-02  
Note #0002640688-02100041-01

Dear Mr. Spoden,

The undersigned, Michigan National Bank ("Bank"), has been requested to accept a discounted payoff on the above referenced obligation. Michigan National Bank will accept a \$20,000.00 discount if payment is made on or before September 30, 1999. Payment must be made in either certified check, wire transfer, or cashiers' check. Upon receipt of the payoff amount, Michigan National Bank will release all encumbrances and promptly deliver to McDonald, Illig, Jones, & Britton LLP the share certificates held under the pledge agreement. All figures are subject to final audit.

Current Principal Balance:	\$1,484,309.48
Interest Balance a/o 9/30/99	9,577.15
Late Charge Due	0.00
Defaulted Loan Expenses	<u>2,500.00</u>
Subtotal	\$1,496,386.63
Less Discount	<u>( 20,000.00)</u>
Total Due	<u>\$1,476,386.63</u>

Wiring instructions are as follows:

ABA Routing Number 072000805  
Michigan National Bank  
Farmington Hills, Michigan  
Account Number 115710, Center Number 909001  
Attn: Cameron J. Barnett  
Asset Structuring Manager. Ext. 3272.

If you have any questions, please call me at (248) 473-3272.

Sincerely,

  
Cameron J. Barnett  
Asset Structuring Manager

cc: Daniel B. McMahon