FORM PTO-1618A Expires 06/30/99 OMB 0651-0027 04-18-2001



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## RECORDATION FORM COVER SHEET

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| TRADEMARKS ONLY                                                                                                               |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).                 |  |  |  |  |  |  |  |  |
| Submission Type Conveyance Type                                                                                               |  |  |  |  |  |  |  |  |
| X New Assignment License                                                                                                      |  |  |  |  |  |  |  |  |
| Resubmission (Non-Recordation) Security Agreement Nunc Pro Tunc Assignment                                                    |  |  |  |  |  |  |  |  |
| Document ID # Effective Date  Merger Month Day Year                                                                           |  |  |  |  |  |  |  |  |
| Reel # Frame #                                                                                                                |  |  |  |  |  |  |  |  |
| Corrective Document Change of Name                                                                                            |  |  |  |  |  |  |  |  |
| Reel # Frame # Other                                                                                                          |  |  |  |  |  |  |  |  |
| Conveying Party  Mark if additional names of conveying parties attached  Execution Date Month Day Year                        |  |  |  |  |  |  |  |  |
| Name HSA Properties, L.L.C. 05 14 99                                                                                          |  |  |  |  |  |  |  |  |
| Formerly 1401695                                                                                                              |  |  |  |  |  |  |  |  |
| Individual General Partnership Limited Partnership Corporation Association                                                    |  |  |  |  |  |  |  |  |
| X Other Limited Liability Company                                                                                             |  |  |  |  |  |  |  |  |
| Citizenship/State of Incorporation/Organization Delaware                                                                      |  |  |  |  |  |  |  |  |
| Receiving Party  Mark if additional names of receiving parties attached                                                       |  |  |  |  |  |  |  |  |
| Name U.S. Franchise Systems, Inc.                                                                                             |  |  |  |  |  |  |  |  |
| DBA/AKA/TA                                                                                                                    |  |  |  |  |  |  |  |  |
| Composed of                                                                                                                   |  |  |  |  |  |  |  |  |
| Address (line 1) 13 Corporate Square                                                                                          |  |  |  |  |  |  |  |  |
| Address (line 2) Suite 250                                                                                                    |  |  |  |  |  |  |  |  |
| Address (line 3) At lanta Georgia 30329                                                                                       |  |  |  |  |  |  |  |  |
| Address (line 3) At Tarita State/Country State/Country If document to be recorded is an assignment and the receiving party is |  |  |  |  |  |  |  |  |
| x Corporation Association not domiciled in the United States, an appointment of a domestic                                    |  |  |  |  |  |  |  |  |
| Other  Other  representative should be attached.  (Designation must be a separate document from Assignment.)                  |  |  |  |  |  |  |  |  |
| Citizenship/State of Incorporation/Organization  Delaware                                                                     |  |  |  |  |  |  |  |  |
| FOR OFFICE USE ONLY                                                                                                           |  |  |  |  |  |  |  |  |
|                                                                                                                               |  |  |  |  |  |  |  |  |

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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: 002272 FRAME: 0702

| <b>FORM</b>  | PTO-1618B |
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| Expires 06/3 | 30/99     |
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## Page 2

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

| OMB 0651-0027                                                                                                                                                                                                        | IRADEMARK                                                 |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|--|--|--|--|
| Domestic Representative Name and Address                                                                                                                                                                             | Enter for the first Receiving Party only.                 |  |  |  |  |  |
| Name Jones Day Reavis@& Pogue                                                                                                                                                                                        |                                                           |  |  |  |  |  |
| Address (line 1) 77 West Wacker                                                                                                                                                                                      |                                                           |  |  |  |  |  |
| Address (line 2) Chicago, IL 60601-1692                                                                                                                                                                              |                                                           |  |  |  |  |  |
| Address (line 3)                                                                                                                                                                                                     |                                                           |  |  |  |  |  |
| Address (line 4)                                                                                                                                                                                                     |                                                           |  |  |  |  |  |
| Correspondent Name and Address Area Code and Telephone Number 312 782-3939                                                                                                                                           |                                                           |  |  |  |  |  |
| Name Jones Day Reavis & Pogue Attn:                                                                                                                                                                                  |                                                           |  |  |  |  |  |
| Address (line 1) 77 West Wacker                                                                                                                                                                                      |                                                           |  |  |  |  |  |
| Address (line 2) Chicago, IL 60601-1692                                                                                                                                                                              |                                                           |  |  |  |  |  |
| Address (line 3)                                                                                                                                                                                                     |                                                           |  |  |  |  |  |
| Address (line 4)                                                                                                                                                                                                     |                                                           |  |  |  |  |  |
| Pages Enter the total number of pages of the arincluding any attachments.                                                                                                                                            | ttached conveyance document # 2                           |  |  |  |  |  |
| Trademark Application Number(s) or Registrat  Enter either the Trademark Application Number or the Registration I                                                                                                    | Number (DO NOT ENTER BOTH numbers for the same property). |  |  |  |  |  |
| Trademark Application Number(s)                                                                                                                                                                                      | Registration Number(s)                                    |  |  |  |  |  |
|                                                                                                                                                                                                                      | 1401695 1534742                                           |  |  |  |  |  |
|                                                                                                                                                                                                                      | 1531365 2130212                                           |  |  |  |  |  |
|                                                                                                                                                                                                                      | 1512029                                                   |  |  |  |  |  |
| Number of Properties Enter the total number of                                                                                                                                                                       | properties involved. #5                                   |  |  |  |  |  |
| Fee Amount Fee Amount for Properties                                                                                                                                                                                 | Listed (37 CFR 3.41): \$ [140.00                          |  |  |  |  |  |
|                                                                                                                                                                                                                      | Deposit Account                                           |  |  |  |  |  |
| Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)  Deposit Account Number:  # 10-1202                                                                      |                                                           |  |  |  |  |  |
| Authorization to                                                                                                                                                                                                     | o charge additional fees:                                 |  |  |  |  |  |
| 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. |                                                           |  |  |  |  |  |
| Jui alman LINDA                                                                                                                                                                                                      | A HEBAN 3/30/01                                           |  |  |  |  |  |
| Name of Person Signing                                                                                                                                                                                               | Signature Date Signed                                     |  |  |  |  |  |

TRADEMARK

REEL: 002272 FRAME: 0703

## TRADEMARK ASSIGNMENT

WHEREAS, HSA Properties, L.L.C., a Delaware limited liability company ("Assignor"), is the sole and exclusive owner of the trademark and service mark registrations described on Exhibit A attached hereto and made a part hereof ("the Marks") and the goodwill associated with the Marks; and

WHEREAS, U.S. Franchise Systems, Inc., a Delaware corporation ("Assignee"), desires to acquire the entire right, title and interest in, to and under the Marks;

NOW, THEREFORE, for and in consideration of the sum of One Dollar (\$1.00), to it in hand paid by said Assignee, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, said Assignor does hereby sell, assign, transfer and set over to said Assignee all its right, title and interest in, to and under the Marks, together with the goodwill of the business symbolized by the Marks, together with all rights and privileges granted and secured thereby, including the right to sue and recover for any past, present or future infringement, said rights to be held and enjoyed by said Assignee, for its own use and benefit, and for the use and benefit of its successors, assigns or other legal representatives as fully and entirely as the same would have been held and enjoyed by said Assignor if this Assignment and sale had not been made.

IN TESTIMONY WHEREOF, the Assignor has executed this Assignment by its proper officers thereunto duly authorized.

HSA PROPERTIES, L.L.C., a Delaware limited liability company

Stephen D. Aronson

Manager

STATE OF GEORGIA)

COUNTY OF Dekalb

Subscribed and sworn to before me this 14 day of May, 1999.

Notary Public

My Commission Expires July 28, 2001

hsa assignment2/4799

REEL: 002272 FRAME: 0704

## **EXHIBIT A**

| MARK                          | REGISTRATION<br>NO. | REGISTRATION<br>DATE |
|-------------------------------|---------------------|----------------------|
| Hawthorn Suites               | 1,401,695           | 7/15/86              |
| Hawthorn Suites & Design      | 1,531,365           | 3/21/89              |
| Stay a Little Closer to Home  | 1,512,029           | 11/8/88              |
| Tree Logo                     | 1,534,742           | 4/11/89              |
| Hawthorn Suites Ltd. & Design | 2,130,212           | 1/20/98              |

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RECORDED: 04/02/2001

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