

MRO 7.20.01

07-24-2001

Form ~~PTOL 1577~~ **CORRECTIVE RECORDING**
(Rev. 03/01)
OMB No. 0651-0027 (exp. 5/31/2002)



U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

Tab settings

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Chip Coolers, Inc., formerly Square Head, Inc.

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State **New Hampshire**
 Other _____

2. Name and address of receiving party(ies)
 Name: **Cool Options, Inc.**
 Internal
 Address: **333 Strawberry Field Road**
 Street Address:
Warwick State: **RI** Zip: **02886**
 City: _____ State: _____ Zip: _____

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State **New Hampshire**
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other **R/F 223970080 on 04/30/2001**
document previously recorded at
Contained error S/N: 75716081. Document
Execution Date recorded to correct error
on stated fee.

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
 (Designations must be a separate document from assignment)
 Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):
 A. Trademark Application No.(s)
75/716,081

B. Trademark Registration No.(s)

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
David R. Josephs
 Name: _____
 Internal Address: **Barlow, Josephs & Holmes**

6. Total number of applications and registrations involved: **01**

7. Total fee (37 CFR 3.41).....\$ **40.00**
 Enclosed
 Authorized to be charged to deposit account

07/20/2001 6TON11 00000176 020900 75716081

01 FD:481 40.00 CH
 Street Address: **101 Dyer Street, 5th Fl.**
 City: **Providence** State: **RI** Zip: **02903**

8. Deposit account number: **40E**
020900

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.
Cynthia M. Branca

Name of Person Signing

Cynthia M. Branca **July 20, 2001**
 Signature Date

Total number of pages including cover sheet, attachments, and document: **01**

Mail documents to be recorded with required cover sheet information to:
 Commissioner of Patent & Trademarks, Box Assignments
 Washington, D.C. 20231

~~04/30/2001~~
700005070

FORM PTO-1618A
FEBRUARY 08/20/99
OMB 0651-0027

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

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 Effective Date
Month Day Year
04/09/2001
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
04/09/2001

Name Chip Coolers, Inc.

Formerly Square Head, Inc.

- Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization New Hampshire

Receiving Party

Mark if additional names of receiving parties attached

Name Cool Options, Inc.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 333 Strawberry Field Road

Address (line 2) _____

Address (line 3) Warwick RI 02886
City State/Country Zip Code

- 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 New Hampshire

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 20 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. 20221 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

FORM PTO-1618B
Expires 03/30/99
OMB 0951-0022

Page 2

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

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

(401) 273-4446

Name David R. Josephs, Esquire

Address (line 1) BARLOW, JOSEPHS & HOLMES, LTD.

Address (line 2) 101 Dyer Street, 5th Floor

Address (line 3) Providence, RI 02903-3908

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

03

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)

75/16081

75892942

1537659

1760586

1971482

Number of Properties

Enter the total number of properties involved.

05

Fee Amount

Fee Amount for Properties Listed (37 CFR 2.41):

\$ 140.00

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:

02-0900

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.

Cynthia M. Branco

Cynthia M. Branco

5/27/2001

Name of Person Signing

Signature

Date Signed

FORM PTO-1618B
Expires 08/30/99
OMA 0651-0027

Page 2

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

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name Anna Gill

Address (line 1) 6201 South Freeway

Address (line 2) Fort Worth, TX 76134

Address (line 3) _____

Address (line 4) _____

Correspondent Name and Address

Area Code and Telephone Number (817) 551-6809

Name Anna Gill

Address (line 1) 6201 South Freeway

Address (line 2) Fort Worth, TX 76134

Address (line 3) _____

Address (line 4) _____

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

3

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"/>	<u>1864232</u>	<u>2181088</u>	<u>2103689</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<u>2261307</u>	<u>1914117</u>	<u>2039077</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<u>1083335</u>	<u>1339078</u>	<u>2231037</u>

Number of Properties

Enter the total number of properties involved.

40

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$ \$1,015

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:

010480

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.

Anna Gill

Anna Gill

2/9/2000

Name of Person Signing

Signature

Date Signed

RECORDATION FORM COVER SHEET CONTINUATION TRADEMARKS ONLY

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

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

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

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<input type="text"/>	<input type="text"/>	<input type="text"/>
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Registration Number(s)

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2157102	1324311	2157746
1694205	1848863	1975118
1494087	1158763	1141242
725268	2285905	1269058
1182659	1766639	720891
1626893	1989268	1868795

RECORDATION FORM COVER SHEET CONTINUATION TRADEMARKS ONLY

FORM PTO-1618C
Expires 08/30/99
OMB 0651-0027

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

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

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City

State/Country

Zip Code

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Corporation Association

Other

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Registration Number(s)

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1868857	1683438	1832077
1943250	1727322	1714091
1690105	2051086	1234485
1208094	<input type="text"/>	<input type="text"/>
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State of New Hampshire Department of State

COPY

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify COOL OPTIONS, INC., (formerly SQUARE HEAD, INC., formerly CHIP COOLERS, INC.) is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on DECEMBER 17, 1986. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 9th day of April, A.D. 2001



William M. Gardner
Secretary of State

