

05-16-2001



101719105

MAY 10 2001

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** 5-10-01

New

Resubmission (Non-Recordation)  
Document ID #

Correction of PTO Error  
Reel #  Frame #

Corrective Document  
Reel # 002226 Frame # 0629

**Conveyance Type**

Assignment  License

Security Agreement  Nunc Pro Tunc Assignment

Merger  
Effective Date  
Month Day Year

Change of Name

Other Release of Security Interest

**Conveying Party**  Mark if additional names of conveying parties attached

Name RUBY TUESDAY, INC. Execution Date  
Month Day Year 12/21/00

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship/State of Incorporation/Organization Georgia

**Receiving Party**  Mark if additional names of receiving parties attached

Name SPECIALTY RESTAURANT GROUP, LLC

DBA/AK/A/T/A

Composed of

Address (line 1)

Address (line 2) 150 West Church Avenue

Address (line 3) Maryville Tennessee 37801  
City State/Country Zip Code

Individual  General Partnership  Limited Partnership  Corporation  Association

Other limited liability company

Citizenship/State of Incorporation/Organization Delaware

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.)

05/15/2001 DBYRNE 00000151 1728389

FOR OFFICE USE ONLY

40E

01 FC:81 40.00 OP

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

<input type="text" value="1728389"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<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.

Lanning G. Bryer

Name of Person Signing

Signature

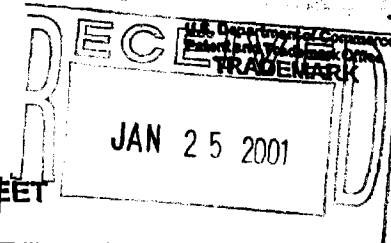
Date Signed

01-31-2001



101600675

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY



1.25.01

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

Execution Date  
Month Day Year

Formerly

- 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/AK/A/T/A

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 Assignment)

FOR OFFICE USE ONLY

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

01/31/2001 GT0N11 00000036 1728389

01 FC:481

40.00 DP

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

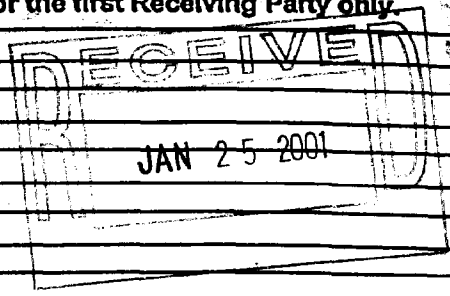
Name

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="1728389"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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.

Lanning G. Bryer  
Name of Person Signing

A handwritten signature in black ink, appearing to read "Lanning G. Bryer". The signature is written in a cursive style and is positioned over a horizontal line.

Signature

1/25/01  
Date Signed

UNITED STATES OF AMERICA

RELEASE OF SECURITY INTEREST

BE IT KNOWN that the undersigned, **RUBY TUESDAY, INC** (successor-in-interest to **MORRISON RESTAURANTS, INC.** by a merger and simultaneous change of name), a Georgia corporation, with its principal office located at 150 West Church Street, Maryville, Tennessee 37801 (the "Lender") for its benefit as the secured party under the Loan Agreement dated November 19, 1993 between Borrower and Lender and pursuant to a certain Grant of Security Interest (Trademark Security Agreement) dated November 19, 1993 and recorded at the United States Patent and Trademark Office on March 27, 1994 at REEL 1118, FRAME 0062 (the "Security Agreement") and the present record holder of a security interest granted by **SPECIALTY RESTAURANT GROUP, LLC** (successor-in-interest to **TIA'S LLC**, formerly **TIA'S INC.**), a Delaware limited liability company, with its principal office located at 150 West Church Avenue, Maryville, Tennessee 37801 (the "Borrower") pursuant to the Security Agreement for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, does hereby fully, completely and without reservation of any kind, discharge, release and relinquish the Borrower, its successors and assigns, for the security interest held by Lender insofar as it related to all of Lender's right, title and interest in and to the trademark applications or registrations listed on the attached Schedule A together with the goodwill associated with the trademarks.

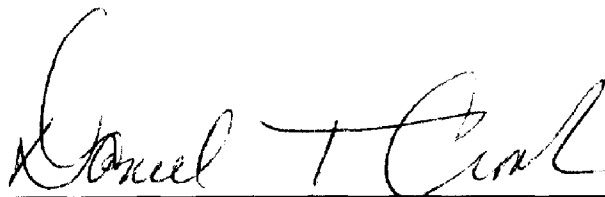
If any term or provision of this Release is or shall become illegal, invalid or unenforceable in any jurisdiction, all other terms and provisions of this Release shall remain legal, valid and enforceable in such jurisdictions and such illegal, invalid or unenforceable provision shall be legal, valid and enforceable in any other jurisdiction.

Any amendment or modification of this Release must be made in a separate writing by Lender.

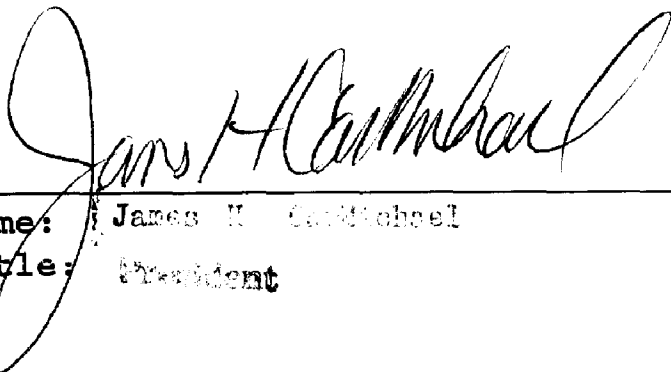
The Registrar of Patents and Trademarks is hereby requested to record and index this Release against the trademarks on Schedule A held by the Borrower indicated therein.

IN WITNESS WHEREOF, the parties hereby executed this document as of this 01 day of December, 2000.

RUBY TUESDAY, INC. (successor-in-interest to MORRISON RESTAURANTS, INC. by way of a merger and simultaneous change of name)

By:   
Name: David T. Cronk  
Title: Senior Vice President

SPECIALTY RESTAURANT GROUP, LLC (successor-in-interest to TIA'S LLC, formerly TIA'S INC.)

By:   
Name: James H. Carmichael  
Title: President

SCHEDULE A

TRADEMARK

REGISTRATION NO.

TIA'S

1728389