

05-30-2001



101733647

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

5-18-01

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
- Correction Document  
Reel #  Frame #

Conveyance Type

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment
- Merger
- Change of Name
- Other

Effective Date  
Month Day Year

Conveying Party

Mark if additional names of conveying parties attached

Name   
Formerly

Execution Date  
Month Day Year

- 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)

RECEIVED  
 2001 MAY 16 PM 2:13  
 ASSIGNMENT SERVICES  
 DIVISION

- Address (line 3)     
City State/Country Zip Code
- Individual  General Partnership  Limited Partnership  Association
  - 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

**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

212-506-5150

Name

Bradford S. Breen

Address (line 1)

Orrick, Herrington & Sutcliffe LLP

Address (line 2)

666 Fifth Avenue

Address (line 3)

New York, NY 10103

Address (line 4)

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

#

1

**Trademark Application Number(s) or Registration Number(s)**

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

76/123509

75/733384

75/733382

2432910

2418087

2395833

76/123508

75/351248

75/731605

2428028

2403655

2374952

76/123507

75/733385

75/838357

2417074

2399547

2370761

75/721421

75/733383

75/838356

**Number of Properties**

Enter the total number of properties involved.

#

33

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

840.00

Method of Payment

Enclosed



Deposit Account



Deposit Account

(Enter for payment by deposit account of if additional fees can be charged to the account., or any refund to the Deposit Account Number

#

15-0665

Authorization to charge additional fees or credit any refund:

Yes



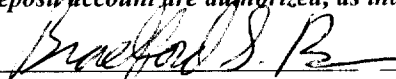
No

**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.

Bradford S. Breen

Name of Person Signing



Signature

May 16, 2001

Date Signed

RECORDATION FORM COVER SHEET  
 CONTINUATION  
 TRADEMARKS ONLY

**Conveying Party**

Mark if additional names of conveying parties are attached

Enter Additional Conveying Party  
 Date

Execution

Month Day

Year

Name



Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship State of Incorporation/Organization

**Receiving Party**

Mark if additional names of conveying parties are attached

Enter Additional Receiving Party

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

Other

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Citizenship/State of Incorporation/Organization

**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="75/721424"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2368394"/>	<input type="text"/>	<input type="text"/>
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<input type="text" value="75/732154"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2200327"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75/721423"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2122313"/>	<input type="text"/>	<input type="text"/>
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<input type="text" value="75/721420"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75/721419"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



512 Seventh Avenue  
 New York, New York 10018  
 Telephone: 212-206-3100  
 Facsimile: 212-604-9133  
 www.ivillage.com

August 3, 2000

To Whom It May Concern:

iVillage Inc., as of July 31, 2000, has moved its corporate offices to:

512 Seventh Avenue  
 13<sup>th</sup> Floor  
 New York, New York 10018

Very truly yours,

Michael A. Gilbert  
 Associate General Counsel  
 and Assistant Secretary  
 iVillage Inc.

<p><b>Notarization</b></p> <p><b>Michael M. Wechsler</b>          Notary Public, New York State          Number 02WES007107          Qualified in New York County          Commission Expires May 18 2002</p>	<p>County of New York          State of New York</p> <p>The foregoing instrument was signed before me by the person whose name appears in the Current Registrant's signature Block.</p> <p>Notary's Name: Michael Wechsler</p> <p>Notary's Signature: </p> <p>Date of notarization: <u>8/3/00</u></p> <p>My commission expires: <u>5/18/02</u></p>
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