

FORM PTO-1618A

Expires 06/30/98  
OMB 0651-0027

09-20-2001



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

9-15-01

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 ErrorReel #  Frame # ☐ Corrective DocumentReel #  Frame # 

## Conveyance Type

☒ Assignment☐ License☐ Security Agreement☐ Nunc Pro Tunc Assignment☐ MergerEffective Date  
Month Day Year  
☐ Change of Name☐ Other 

## Conveying Party

☐ Mark if additional names of conveying parties attachedExecution Date  
Month Day YearName Formerly ☐ Individual ☐ General Partnership ☐ Limited Partnership ☒ Corporation ☐ Association☐ Other ☒ Citizenship/State of Incorporation/Organization 

## Receiving Party

☐ Mark if additional names of receiving parties attachedName DBA/AKA/TA Composed of Address (line 1) Address (line 2) Address (line 3) 

City

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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.)

☒ Citizenship/State of Incorporation/Organization 

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Mail documents to be recorded with required cover sheet(s) information to:  
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**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"/>
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**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



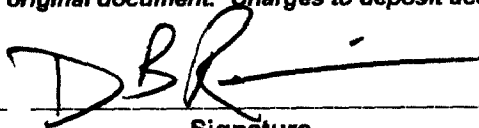
No



**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.

Dana B. Robinson, Esq.



9-5-01

Name of Person Signing

Signature

Date Signed

COUNTY OF CLARK )  
 )  
STATE OF NEVADA )

SS:

### TRADEMARK ASSIGNMENT

WHEREAS, THE MIRAGE CASINO-HOTEL, a Nevada corporation, is the owner of the following federal trademark registration:

Trademark	Registration/Serial No.	Class
CARIBE CAFÉ	1,940,133	42

and WHEREAS, THE MIRAGE CASINO-HOTEL is the owner of the same trademark,

and WHEREAS MIRAGE RESORTS, INCORPORATED, a Nevada corporation, is the parent company and owner of THE MIRAGE CASINO-HOTEL,

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, THE MIRAGE CASINO-HOTEL hereby transfers and assigns to MIRAGE RESORTS, INCORPORATED all of its right, title, and interest in said trademark and trademark registration, along with the business goodwill represented by the trademark and trademark registration.

THE MIRAGE CASINO-HOTEL

By:   
William P. McBeath,  
President and Chief Operating Officer

Date: 8/29/01

Sworn before me this 30<sup>th</sup> day of August, 2001.

  
Notary in and for said state and county

