01-30-2002 U.S. Department of Commerce FORM PTO-161/64 Patent and Trademark Office Expires 06/30/99 TRADEMARK OMB 0651-0027 JAN 2 3 2002 101964807 RECORDATE TRADEMARKS ONLY TO: The Commissioner of Paterns and Trademarks: Please record the attached original document(s) or copy(ies). Submission Type Conveyance Type 1.23-02 **Assignment** New **Security Agreement** Nunc Pro Tunc Assignment Resubmission (Non-Recordation) **Document ID#** Effective Date Date Merger Correction of PTO Error 05/09/2001 Reel # Frame # Change of Name Corrective Document Reel # Frame # Other Conveying Party Mark if additional names of conveying parties attached Execution Date Month Day Year Des Moines Register and Tribune Company 01/16/2002 Formerly Individual General Partnership Limited Partnership **◯** Corporation **Association** Other Citizenship/State of Incorporation/Organization Receiving Party Mark if additional names of conveying parties attached Name Media West - DMR, Inc. DBA/AKA/TA Composed of Address (line 1) 50 West Liberty Street, Suite 802 Address (line 2) Bank of America Plaza 89501 Reno Address (line 3) Zip Code If document to be recorded is an **Limited Partnership** General Partnership Individual assignment and the receiving party is not domiciled in the United States, an appointment of a domestic Association Corporation representative should be attached. (Designation must be a separate document from Assignment) Other Delaware Citizenship/State of Incorporation/Organization FOR OFFICE USE ONLY 01/29/2002 LMUELLER 00000178 541918 40.00 DP 01 FC:481 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 Public burden reporting for this confection of information is estimated to average approximately so minutes per cover sheet to be recorded, including time for reviewing the doct 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

TRADEMARK

Address (line 2) Address (line 3) Address (line 4) Correspondent Name and Address Area Code and Telephone Number (202) 776-2843 Name Shannan E. Higgins, Esq. Address (line 1) Dow, Lohnes & Albertson, PLLC Address (line 2) 1200 New Hampsire Avenue, N.W. Address (line 3) Suite 800 Address (line 4) Washington, DC 20036 Pages Enter the total number of pages of the attached conveyance document including any attachments.			TIPE			
Domestic Representative Name and Address Enter for the first Receiving Party only. Address Iline 1)	Expires 06/30	7/99	JAN 2 3 2002		Patent and Trademark Office	
Address (me 2) Correspondent Name and Address Area Code and Telephone Number (202) 776-2843 Name Shannan E. Higgins, Esq. Address (me 2) Dow, Lohnes & Albertson, PLLC Address (me 2) 1200 New Hampsire Avenue, N.W. Address (me 2) Suite 800 Address (me 2) Washington, DC 20036 Pages Enter the total number of pages of the attached conveyance document Including any attachments. Mark if additional numbers attached the Trademark Application Number (g) Mark if additional numbers attached the Trademark Application Number of the Registration Number (ON NOT ENTER BOTH numbers for the same property). Trademark Application Number of the Registration Number (ON NOT ENTER BOTH numbers for the same property). Registration Number(s) S41918			Address & Enter	for the first Pecalvin	a Party only	
Address (1869 2) Address (1869 2) Address (1869 2) Address (1869 2) Correspondent Name and Address Area Code and Telephone Number (202) 776-2843 Name Shannan E. Higgins, Esq. Address (1869 2) Dow, Lohnes & Albertson, PLLC Address (1869 2) 1200 New Hampsire Avenue, N.W. Address (1869 2) Suite 800 Address (1869 2) 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) S41918 Registration Number(s) S41918 Number of Properties Enter the total number of properties involved. # Number 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: 40.00 Authorization to charge additional fees: Yes No Statement and Signature To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated horein.	-		TRADEM! LITTE!	ior the mst Neceivin	g raity omy.	
Address (line 2) Address (line 2) Correspondent Name and Address	Address (line 1)					
Address (line 4) Correspondent Name and Address Area Code and Telephone Number (202) 776-2843 Name Shannan E. Higgins, Esq. Address (line 3) Dow, Lohnes & Albertson, PLLC Address (line 2) 1200 New Hampsire Avenue, N.W. Address (line 3) Suite 800 Address (line 3) Washington, DC 20036 Pages Enter the total number of pages of the attached conveyance document 1 Including any attachments. Trademark Application Number(s) or Registration Number(s) Mark if additional numbers attached enter either the Trademark Application Number of the Registration Number (DO NOT ENTER BOTH numbers for the same property). Trademark Application Number(s) S41918 S41918 Number of Properties Enter the total number of properties involved. # 1 Number of Payment: Deposit Account Total Payment To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Address (line 2)					
Correspondent Name and Address Area Code and Telephone Number (202) 776-2843	Address (line 3)					
Name Shannan E. Higgins, Esq. Address (line 1) Dow, Lohnes & Albertson, PLLC Address (line 2) 1200 New Hampsire Avenue, N.W. Address (line 4) Washington, DC 20036 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 of the Registration Number (DO NOT ENTER BOTH numbers for the same property). Trademark Application Number(s) Registration Number (DO NOT ENTER BOTH numbers for the same property). Trademark Application Number(s) S41918 Number of Properties Enter the total number of properties involved. # 1 Deposit Account (Enter for payment: Enclosed Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Address (line 4)					
Name Shannan E. Higgins, Esq. Address (line 1) Dow, Lohnes & Albertson, PLLC Address (line 2) 1200 New Hampsire Avenue, N.W. Address (line 3) Suite 800 Address (line 4) Washington, DC 20036 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) Trademark Application Number(s) S41918 Number of Properties Enter the total number of properties involved. # 1 Deposit Account Method of Payment: Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Corresponde	nt Name and Address	Area Code and Tel	ephone Number (202) 776-2843	
Address (line 2) 1200 New Hampsire Avenue, N.W. Address (line 3) Suite 800 Address (line 4) Washington, DC 20036 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 of the Registration Number (DO NOT ENTER BOTH numbers for the same property). Trademark Application Number(s) Registration Number(s) 341918 Number of Properties Enter the total number of properties involved. # 1 Number 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: # 50-1699 Authorization to charge additional fees: Yes No Statement and Signature To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Name	Shannan E. Higgins, Esq.				
Address (line 3) Suite 800 Address (line 4) Washington, DC 20036 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) Statement Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): Pee Amount Fee Amount Fee Amount or if additional fees can be charged to the 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 infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Address (line 1)	Dow, Lohnes & Albertson, PLLC				
Address (line 4) Washington, DC 20036 Pages	Address (line 2)	1200 New Hampsire Avenue, N.W.				
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) Number of Properties Enter the total number of properties involved. # 1 Number of Properties Enter the total number of properties involved. # 1 Pee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00 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: # 50-1699 Authorization to charge additional fees: Yes No Statement and Signature To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Address (line 3)	Suite 800				
Including any attachments. 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). Trademark Application Number(s) Registration Number(s) Statement and Signature To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Address (line 4)					
Trademark Application Number(s) Trademark Application Number(s) Registration Number(s) Statement and Signature To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Pages			d conveyance docur	ment # 1	
Trademark Application Number(s) Statement and Signature Trademark Application Number(s) Statement and Signature Trademark Application Number(s) Statement and Signature Trademark Application Number(s) Statement and Signature Statement and Stat	Trademark A	Application Number(s) of Trademark Application Number (or Registration Nor the Registration Num	umber(s) ber (DO NOT ENTER BO	Mark if additional numbers attached OTH numbers for the same property).	
Number of Properties Enter the total number of properties involved. # 1 Wethod of Payment: 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: To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.						
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): Method of Payment: 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 infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Irac	Jemark Application Number				
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): Method of Payment: 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 infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.						
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): Method of Payment: 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 infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.						
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): Method of Payment: 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 infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.						
Method of Payment: 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 infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Number of P					
Method of Payment: 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 infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	Fee Amount	Fee Amou	ınt for Properties Liste	ed (37 CFR 3.41):	\$ 40.00	
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 infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.						
Deposit Account Number: Authorization to charge additional fees: Yes No Statement and Signature To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.						
Statement and Signature To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.	(Enter for p	ayment by deposit account or if ac	dditional fees can be cha Deposit Account	rged to the account.) Number:	# 50-1699	
To the best of my knowledge and belief, the foregoing infromation is true and correct and any attached copy is true copy of the original document. Charges to deposit account are authorized, as indicated herein.			Authorization to	charge additional fees:	Yes No No	
attached copy is true copy of the original document. Charges to deposit a specific and indicated herein.	Statement a	and Signature			- was at and any	
Shannan E. biggins Shannan E. Heggine 1.23.02 Date Signed	attac	thed copy is true copy of the of	nginal document. Che	1 /	orrect and any nt are authorized, as	
Shannan E. Magins Signature Date Signed		- 111 7	1.	· Koe	1.23.02	
	Shanne	an E. Urggins	Signat	ure —	Date Signed	

TRADEMARK REEL: 2432 FRAME: 0709

ASSIGNMENT

This Assignment Agreement ("Agreement") entered into by and between Des Moines Register and Tribune Company ("Assignor"), an Iowa corporation, located at 715 Locust Street, Des Moines, Iowa 50309, and Media West – DMR, Inc. ("Assignee"), a Delaware corporation, located at 50 West Liberty Street, Suite 802, Bank of America Plaza, Reno, Nevada 89501, is effective nunc pro tunc on May 9, 2001.

WHEREAS, Assignor is the owner of the following trademark (the "Mark"), which is registered in the United States Patent and Trademark Office:

MarkReg. NumberReg. DateIOWA POLL and DESIGN541,918May 8, 1951

WHEREAS, Assignee desires to acquire Assignor's right, title and interest in the Mark, the registration thereof, and the goodwill associated therewith, pursuant to this Agreement;

NOW THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, Assignor hereby assigns all of Assignor's right, title, and interest in and to the Mark, including the registration thereof and the goodwill of the business symbolized thereby.

DES MOINES REGISTER AND TRIBUNE
COMPANY

By:

Thomas L. Chapple
Secretary

County of Vivginia

Subscribed and sworn to before me
this Iloth day of January

Notary Public

My Commission Expires:

OBS MOINES REGISTER AND TRIBUNE

COMPANY

Secretary

Secretary

Company

Secretary

Company

A Document of Company

Secretary

Company

Company

By:

Thomas L. Chapple
Secretary

Company

Secretary

Company

Company

By:

Thomas L. Chapple
Secretary

Company

Secretary

Company

Compa

My Commission Expires 11/30/05

RECORDED: 01/23/2002

TRADEMARK REEL: 2432 FRAME: 0710