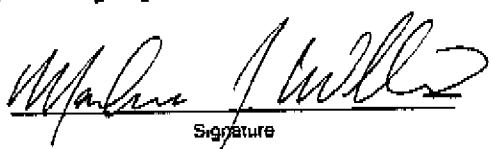


RECORDATION FORM COVER SHEET TRADEMARKS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings δ δ Resubmission - Document ID No. 700016372A δ δ δ		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): <u>Goodhome, Inc.</u> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <u>Delaware</u> <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Scene7, Inc.</u> Internal Address: _____ Street Address: <u>899 Northgate Drive, 4th Floor</u> City: <u>San Rafael</u> State: <u>CA</u> Zip: <u>94903</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Delaware</u>	
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>April 11, 2001</u>	If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Application number(s) or registration number(s): A. Trademark Application No.(s) <u>75/562,372</u> B. Trademark Registration No.(s) _____ Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Marlene J. Williams</u> Internal Address: <u>Thelen Reid & Priest LLP</u> Street Address: <u>101 2nd Street, Suite 1800</u> City: <u>San Francisco</u> State: <u>CA</u> Zip: <u>94105</u>	6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 3.41) \$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account	
8. Deposit account number: <u>50-0918</u> (Attach duplicate copy of this page if paying by deposit account)		
DO NOT USE THIS SPACE		
9. Statement and signature. <i>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.</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Marlene J. Williams</u> Name of Person Signing </div> <div style="width: 30%; text-align: center;">  Signature </div> <div style="width: 30%; text-align: right;"> <u>August 23, 2002</u> Date </div> </div> <div style="text-align: right; margin-top: 10px;"> 2 </div>		

Mail documents to be recorded with required cover sheet information to:
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SF #681136 v.1

Mark: TOTAL 3D HOME
Ser. No. 75/562,372
Re: Applicant Name Change

Under 37 C.F.R. §, 3.25(b), no documentation is required for recordation of owner name changes.