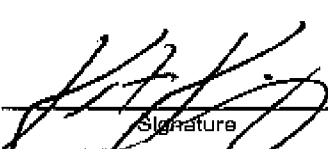


Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings $\Rightarrow \Rightarrow \Rightarrow$	<b>RECORDATION FORM COVER SHEET</b> <b>TRADEMARKS ONLY</b>	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
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<b>1. Name of conveying party(ies):</b>  BRETT DARRYL ROSNER  <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2. Name and address of receiving party(ies)</b> Name: <u>RAM NARAYAN</u> Internal Address: _____  Street Address: <u>75 C ROBIN HILL ROAD</u> City: <u>GOLETA</u> State: <u>CA</u> Zip: <u>93101</u>  <input checked="" type="checkbox"/> Individual(s) citizenship <u>UNITED STATES</u> <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input type="checkbox"/> Other _____ <small>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)</small> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Nature of conveyance:</b> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Record to correct Assignee's name in the assignment document previously recorded at Reel/Frame 002419/0247</u> Execution Date: <u>10/15/2001</u>	<b>4. Application number(s) or registration number(s):</b> A. Trademark Application No.(s) <u>78/034,117</u> B. Trademark Registration No.(s) _____  Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>5. Name and address of party to whom correspondence concerning document should be mailed:</b> Name: <u>KURT KOENIG</u> Internal Address: _____  Street Address: <u>220 EAST FIGUEROA STREET</u>  City: <u>Santa Barbara</u> State: <u>ca</u> Zip: <u>93101</u>	<b>6. Total number of applications and registrations involved:</b> ..... <span style="border: 1px solid black; padding: 2px;">1</span>  <b>7. Total fee (37 CFR 3.41).....\$</b> <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <u>See attached credit card payment Form</u> <input type="checkbox"/> Authorized to be charged to deposit account  <b>8. Deposit account number:</b> _____	
<b>DO NOT USE THIS SPACE</b>		
<b>9. Signature.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>KURT KOENIG</u>            Name of Person Signing         </div> <div style="width: 30%; text-align: center;">             Signature         </div> <div style="width: 30%; text-align: right;"> <u>JULY 29, 2003</u>            Date         </div> </div> <div style="text-align: center; margin-top: 5px;">         Total number of pages including cover sheet, attachments, and document: <span style="border: 1px solid black; padding: 2px;">6</span> </div>		

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1. Name of conveying party(ies):

Brett Darryl Rosner

- Individual(s) [checked] Association [ ] General Partnership [ ] Limited Partnership [ ] Corporation-State [ ] Other [ ]

Additional name(s) of conveying party(ies) attached? [ ] Yes [checked] No

2. Name and address of receiving party(ies)

Name: Ram Nayaran

Internal

Address:

Street Address: 75 C Robin Hill Road

City: Goleta State: CA Zip: 93117

Individual(s) citizenship: USA [checked]

Association [ ]

General Partnership [ ]

Limited Partnership [ ]

Corporation-State [ ]

Other [ ]

If assignee is not domiciled in the United States, a domestic representative designation is attached: [ ] Yes [checked] No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? [ ] Yes [checked] No

3. Nature of conveyance:

- Assignment [checked] Merger [ ] Security Agreement [ ] Change of Name [ ] Other [ ]

Execution Date: October 15, 2001

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

78/034,117

B. Trademark Registration No.(s)

JAN - 4 2002

Additional number(s) attached [ ] Yes [checked] No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Elizabeth A. Linford, Esq.

Internal Address: Koenig & Associates

Street Address: 220 East Figueroa Street

City: Santa Barbara State: CA Zip: 93101

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 3.41): \$40.00

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Elizabeth A. Linford Name of Person Signing

Signature

October 17, 2001 Date

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TRADEMARK REEL: 002693 FRAME: 0212



**Exhibit A**

**TRADEMARK(S)**

<b><u>Mark</u></b>	<b><u>Application No.</u></b>	<b><u>Registration No.</u></b>	<b><u>Filing Date</u></b>	<b><u>Registration Date</u></b>
TEMO	78/034,117	N/A	11/06/2000	N/A