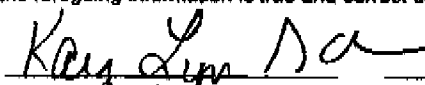


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1. Name of conveying party(ies): West Paces Hotel Company, LLC 100 West Paces Ferry Road NW Atlanta, Georgia 30305 <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input checked="" type="checkbox"/> Other Georgia Limited Liability Company Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Name: The West Paces Hotel Group, LLC Internal _____ Address _____ Street Address: <u>100 West Paces Ferry Road NW</u> City: <u>Atlanta</u> State: <u>Georgia</u> ZIP <u>30305</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ General Partnership _____ <input type="checkbox"/> Limited Partnership _____ Corporation: _____ <input checked="" type="checkbox"/> Other <u>Georgia Limited Liability Company</u> <input type="checkbox"/> Association _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached. (Designations must be a separate document from assignment)</small> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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: <p style="text-align: center; font-size: 1.2em;">January 22, 2003</p> Execution Date: January 2003	4. Application number(s) or patent number(s): A. Trademark Application No.(s) <u>76/372241; 76/372240; 76/372323 and 76/372239</u> B. Trademark Registration No (s) Additional numbers attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Kay Lyn Schwartz Gardere Wynne Sewell LLP Internal Address _____ Street Address: <u>1601 Elm Street, Suite 3000</u> City: <u>Dallas</u> State: <u>Texas</u> ZIP: <u>75201</u>	6. Total number of applications and registrations involved: <u>4</u> 7. Total fee (37 CFR 3.41) \$ <u>115.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account. 8. Deposit account number: <u>07-0153</u> <input checked="" type="checkbox"/> (Attach duplicate copy of this page if paying by deposit account)
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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; align-items: flex-end;"> <div style="text-align: center;"> <u>Kay Lyn Schwartz</u> Name of Person Signing </div> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>October 29, 2003</u> Date </div> </div>	

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