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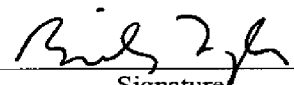
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): <p style="text-align: center;">HUBBARD ISA LLC</p> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation: <u>Delaware</u> <input type="checkbox"/> Other _____ 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: HUBBARD LLC Internal Address: Street Address: 1209 ORANGE STREET <p style="text-align: center;">CORPORATION TRUST CENTER</p> City: WILMINGTON Country: DELAWARE Zip: 19801 <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input checked="" type="checkbox"/> Other: <u>Limited Liability Company</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
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: AUGUST 7, 2003	

4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) <p style="text-align: center;">1,806,316 and 1,788,363</p> Additional number(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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5. Name and address of party to whom correspondence concerning document should be mailed: <p style="text-align: center;">Attn.: Brewster Taylor LARSON & TAYLOR, PLC Suite 900 1199 North Fairfax Street Alexandria, Virginia 22314-1437</p>	6. Total number of applications and registrations involved: 2 7. Total fee (37 CFR 3.41) \$65 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: 12-0555 _____ (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>		
Brewster Taylor _____ Name of Person Signing	 _____ Signature	NOVEMBER 19, 2003 _____ Date
Total number of pages including cover sheet, attachments, and document: 1		

Mail documents to be recorded with required cover sheet information to:
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