

07-03-2003



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**RECORDATION FORM COVER SHEET
TRADEMARKS ONLY**

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- ☐ New
- ☐ Resubmission (Non-Recordation)
Document ID#
- ☐ Correction of PTO Error
Reel # Frame #
- ☒ Corrective Document
Reel #2639 Frame #0968

Conveyance Type

- ☒ Assignment ☐ License
- ☐ Security Agreement ☐ Nunc Pro Tunc Assignment
- ☐ Merger Effective Date
Month Day Year November 22, 2002
- ☐ Change of Name
- ☐ Other:

Conveying Party☐ Mark if additional names of conveying parties attached

Name Vision Service Plan Insurance Company

Execution Date
Month Day Year
November 22, 2002

Formerly

- ☐ Individual ☐ General Partnership ☐ Limited Partnership ☒ Corporation ☐ Association
- ☐ Other
- ☒ Citizenship/State of Incorporation/Organization Connecticut

Receiving Party☐ Mark if additional names of receiving parties attached

Name Eyefinity, Inc.

DBA/AKA/TA

Composed of

Address (line 1) 35 Iron Point Circle

Address (line 2) Suite 300

Address (line 3) Folsom, CA 95630

City State/County Zip

- ☐ Individual ☐ General Partnership ☐ Limited Partnership ☐
- ☒ Corporation ☐ Association
- ☐ Other
- ☒ Citizenship/State of Incorporation/Organization Delaware

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

FOR OFFICE USE ONLY

07/01/2003 6TOM11 00000101 75938921

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Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002757 FRAME: 0553

Page 2**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number (206) 623-7580

Name Heather Fox

Address (line 1) Preston Gates & Ellis LLP

Address (line 2) 925 Fourth Avenue

Address (line 3) Suite 2900

Address (line 4) Seattle, WA 98104

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

8

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)

75/939,921 Incorrect

75/938,921 Correct

Number of Properties

Enter the total number of properties involved

1

Fee 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:

162456

Authorization to charge additional fees:

Yes ☒No ☐**Statement and Signature**

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. Charges to deposit account are authorized, as indicated herein.

Heather Fox

Name of Person Signing

Signature

Date Signed

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Page 2**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number (206) 623-7580

Name Heather K. Fox

Address (line 1) Preston Gates & Ellis LLP

Address (line 2) 701 Fifth Avenue

Address (line 3) Suite 5000

Address (line 4) Seattle, WA 98104

PagesEnter the total number of pages of the attached conveyance document including any attachments.
4**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)

75/938,919

75/939,921

75/938,904

Registration Number(s)**Number of Properties**

Enter the total number of properties involved # 3

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$80.00

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: # 162456

Authorization to charge additional fees: Yes ☒ No ☐**Statement and Signature**

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. Charges to deposit account are authorized, as indicated herein.

Heather K. Fox

Name of Person Signing

Signature

Date Signed

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**ASSIGNMENT OF TRADEMARK
AND APPLICATION FOR FEDERAL REGISTRATION**

WHEREAS, Vision Service Plan Insurance Company, a Connecticut corporation ("Assignor"), has intended to use the marks on the attached schedule in interstate commerce and has filed with the United States Patent and Trademark Office applications based on its bona fide intent to use such marks in commerce, but has not yet filed allegations of use of these marks under Section 1 (c) or 1 (d) of the Trademark Act, and

WHEREAS, Eyefinity, Inc., a Delaware corporation ("Assignee") is acquiring the entire business or portion thereof to which the marks pertain as required by 15 USC § 1060,

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor does hereby assign to Assignee these marks as part of the entire business or portion thereof to which the marks pertain as required by 15 USC § 1060.

DATED this 22nd day of November, 2002.

VISION SERVICE PLAN INSURANCE COMPANY

By Don Yee
Don Yee, Senior Vice President

STATE OF CALIFORNIA)

: ss.

COUNTY OF Sacramento

I certify that I know or have satisfactory evidence that Don Yee is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument, and acknowledged it as the Senior Vice President of Vision Service Plan Insurance Company to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated this 22nd day of November, 2002.

Kristy Tyler
Notary Public

My Appointment Expires: 3/14/03



TRADEMARK
REEL: 002757 FRAME: 0556

SCHEDULE A

MARK	CLASS	SERIAL NO.	FILING DATE
EYEFINITY	16	75/938,919	March 8, 2000
EYEFINITY	35	75/939,921	March 8, 2000
EYEFINITY	42	75/938,904	March 8, 2000

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