


Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings ⇌ ⇌ ⇌	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): <u>Drew Paras</u> <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	2. Name and address of receiving party(ies) Name: <u>Honest - 1 Auto Care</u> Internal Address: <u>6767 W Tropicana</u> Street Address: <u>Unit #223</u> City <u>Las Vegas</u> State: <u>NV</u> Zip: <u>89103</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>Nevada</u> <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) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>4/20/04</u>	4. Application number(s) or registration number(s): A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>75608942,</u> <u>78155014, 78233674</u> 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>Drew Paras</u> Internal Address: <u>6400 SE Lake Rd.</u> <u>Suite #200</u> <u>Portland, OR 97222</u> Street Address: <u>- same -</u> City: <u>Portland</u> State: <u>OR</u> Zip: <u>97222</u>	6. Total number of applications and registrations involved: 3 7. Total fee (37 CFR 3.41).....\$ <u>90.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: _____	
DO NOT USE THIS SPACE		
9. Signature. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>Drew Paras</u> Name of Person Signing </div> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>5/4/04</u> Date </div> </div> <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		

OP \$90.00 75608942

Total number of pages including cover sheet, attachments, and document: 11
 Mail documents to be recorded with required cover sheet information to:
 Commissioner of Patent & Trademarks, Box Assignments
 Washington, D.C. 20231

United States Patent and Trademark Office

Instructions for Completing the Credit Card Payment Form

Credit Card Information

- Enter all credit card information including the payment amount to be charged to your credit card and remember to sign the form. The United States Patent and Trademark Office (USPTO) cannot process credit card payments without an authorized signature.
- The USPTO does **not** accept debit cards or check cards that require use of a personal identification number as a method of payment.

Credit Card Billing Address

- Address information is required for credit card payment as a means of verification. Failure to complete the address information, including zip/postal code, may result in the payment not being accepted by your credit card institution.

Request and Payment Information

- Provide a description of your request based on the payment amount. For example, indicate the item as “basic filing fee” (patent) *or* “first maintenance fee” (patent maintenance fee) *or* “application for registration” (trademark) *or* “certified copy of a patent” (other fee).
- Indicate the nature of your request by the type of fee you wish to pay: Patent Fee, Patent Maintenance Fee, Trademark Fee *or* Other Fee. Complete information for each type of fee as applicable to identify the nature of your request. Indicate only one type of fee per form.
- If you are requesting and paying a fee based on a previously filed patent or trademark application, indicate the application/serial number, patent number or registration number that is associated with your request. “Other Fee” is used to request copies of patent and trademark documents, certified copies, assignments, and other information products.
- IDON numbers are assigned by the USPTO for customers ordering patent and trademark information and products specified as “Other Fee” on the order form. If you have been assigned an IDON number from a previous customer order, include it with your request.
- For more information on USPTO fees and amounts, refer to the current fee schedule at <http://www.uspto.gov>. To request a copy by mail, contact the USPTO General Information Services Division at (800) 786-9199 or (703) 308-4357.

Important Information

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United States Patent and Trademark Office

Instructions for Completing the Credit Card Payment Form

Paperwork Reduction Act Statement

This Credit Card Payment Form (PTO-2038) is approved for use through 02/28/2006 under OMB Control Number 0651-0043. This collection of information is required by 15 U.S.C. § 1113 or 35 U.S.C. § 41 and 37 CFR 1.16-1.28, 1.492, or 2.6-2.7. The information must be provided by a member of the public if he or she chooses to pay a USPTO fee by credit card. This information is also used by the USPTO to charge the appropriate fee amount to the appropriate credit card account. This collection is estimated to take two minutes to complete, including gathering and preparing information and submitting the Credit Card Payment Form (PTO-2038) to the USPTO. Time will vary depending upon the individual case. Please send any comments on the amount of time required to complete this form and/or suggestions for reducing the time burden to the Chief Information Officer, USPTO, PO Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. PLEASE REFER TO THE USPTO WEBSITE, UNDER THE "SITE INDEX" TAB, "MAILING ADDRESSES" LINK FOR THE CORRECT MAILING ADDRESS.

Privacy Act Advisory Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with the request for information solicited on the Credit Card Payment Form (PTO-2038). Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the authority for the collection of this information is 15 U.S.C. § 1113 or 35 U.S.C. § 41 and 37 CFR 1.16-1.28, 1.492, or 2.6-2.7; (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the USPTO is to charge the appropriate fee amount to the appropriate credit card account. If you do not furnish the requested information, the USPTO may not be able to charge the fee to the credit card or the credit card institution may refuse to accept the charge, either of which will result in the fee being treated as not having been paid.

The information provided by you in this form will be subject to the following routine uses:

- (1) The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. § 552) and the Privacy Act (5 U.S.C. § 552(a)). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
- (2) A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
- (3) A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual when the individual has requested assistance from the Member with respect to the subject matter of the record.
- (4) A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform the contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. §552a(m).
- (5) A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. § 2904 and § 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (*i.e.*, GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.

April 20, 2004

I Drew Paras (individually) hereby convey any and all interested in the three below listed Trademarks to Honest-1 Auto Care Inc. a Nevada Corporation, where I am the Company President and a major shareholder. This transfer and assignments to take affect on 04/20/2004.

Serial #: 75608942

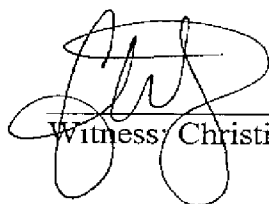
Serial #: 78155014

Serial #: 78233674

This assignment has been executed and witnessed at 6400 SE Lake Rd. Suite #200
Portland, Oregon 97222:



Assignee: Drew Paras



Witness: Christi Metz