


Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) 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>Sassine Sassoon Daou</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) <u>James Moy</u> Name: _____ Internal Address: _____ Street Address: <u>135-07 69rd Avenue</u> City: <u>Flushing</u> State: <u>NY</u> Zip: <u>11367-1010</u> <input checked="" type="checkbox"/> Individual(s) citizenship <u>U. S.</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) 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>April 20, 2004</u>			4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) <u>2,651,948</u> Additional number(s) attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: <u>Lerner, David, Littenberg,</u> Name: <u>Krumholz & Mentlik</u> Internal Address: _____ Street Address: <u>600 South Avenue West</u> City: <u>Westfield</u> State: <u>NJ</u> Zip: <u>07090</u>					
6. Total number of applications and registrations involved: 1			7. Total fee (37 CFR 3.41).....\$ <u>40</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account		
			8. Deposit account number: <u>12-1095</u> <small>(Attach duplicate copy of this page if paying by deposit account)</small>		
DO NOT USE THIS SPACE					
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;"> <div style="width: 30%;"> <u>BRUCE H. SALES</u> Name of Person Signing </div> <div style="width: 30%; text-align: center;">  Signature </div> <div style="width: 30%; text-align: right;"> <u>5.11.04</u> Date </div> </div> <div style="text-align: right; margin-top: 10px;"> 2 </div>					

Total number of pages including cover sheet, attachments, and document: 2
 Mail documents to be recorded with required cover sheet information to:
 Commissioner of Patent & Trademarks, Box Assignments
 Washington, D.C. 20231

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TRADEMARK RECORDATION ASSIGNMENT

For good and valuable consideration the exchange and receipt of which is hereby acknowledged, I, SASSINE SASSOON DAOU, hereby transfer and assign all right, title, and interest, including the right to collect past damages for and all the goodwill associated therewith to the trademark:

Trademark	Registration No.	Date of Registration
HEARTBEAT	Registration No. 2,651,948	Nov. 19, 2002

to JAMES MOY, an individual, located at Flushing, New York 11367-1010.

Dated: 4-20-2004


Sassine Sassoon Daou