

06/10/2004
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Comparable to Form PTO-1594 (Rev. 02/01) OMB No. 0651-0027 (exp. 5/31/2002)		RECORDATION FORM COVER SHEET TRADEMARKS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
Tab settings: $\Rightarrow \Rightarrow \Rightarrow$					
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): Capone's Hideaway Lodge, Inc. <input checked="" type="checkbox"/> Resubmission Document ID #102630278A <input checked="" type="checkbox"/> Corrective Document Reel #002884 Frame #0455 <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State (Illinois) <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: <u>Alphouse Capone Enterprises, Inc.</u> Internal Address: _____ Address: _____ Street Address: <u>35W337 Riverside Drive, St.</u> City: <u>St. Charles</u> State: <u>Illinois</u> Zip: <u>60174</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>Illinois</u> <input type="checkbox"/> Other _____ 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 checked="" type="checkbox"/> No		
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>To correct name on previously recorded document</u> Execution Date: <u>December 9, 2003</u>					
4. Application number(s) or registration number(s): A. Trademark Application No.(s) <u>76/481/438</u> _____ B. Trademark Registration No.(s) _____ _____ 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>Wood, Phillips, Katz, Clark & Mortimer</u> Internal Address: _____ _____ Street Address: <u>Citicorp Center, Suite 3800</u> <u>500 West Madison Street</u> City: <u>Chicago</u> State: <u>IL</u> Zip: <u>60661-2511</u>			6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 3.41) \$ _____ <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account. 8. Deposit account number: _____ 23-0785		
DO NOT USE THIS SPACE					
9. Signature <u>Nora T. Wesley</u> <u><i>Nora T. Wesley</i></u> <u>AUGUST 16, 2004</u> Name of Person Signing Signature Date					
Total number of pages including cover sheet, attachments, and document: 2					

01148-0038

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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):

Capone's Hideaway Lodge, Inc.

- Individual(s), Association, General Partnership, Limited Partnership, Corporation-State (Illinois), Other

Additional name(s) of conveying party(ies) attached? yes no

2. Name and address of receiving party(ies)

Name: Alphonse Caoone Enterprises, Inc.

Internal

Address:

Street Address: 35W337 Riverside Drive, St.

City: St. Charles

State: Illinois

Zip: 60174

Individual(s) citizenship

Association

General Partnership

Limited Partnership

Corporation-State Illinois

Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

(Designations must be a separate document from assignment)

Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:

- Assignment, Merger, Security Agreement, Change of Name, Other

Execution Date: December 9, 2003

4. Application number(s) or registration number(s):

A. Trademark Application No.(s) 76/481,438

B. Trademark Registration No.(s)

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Wood, Phillips, Katz, Clark & Mortimer

Internal Address:

Street Address: Citicorp Center, Suite 3800 500 West Madison Street

City: Chicago State: IL Zip: 60661-2511

6. Total number of applications and registrations involved:

7. Total fee (37 CFR 3.41) \$40.00

Enclosed

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8. Deposit account number:

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Wm. A. VanSanten, Reg. No. 22,810

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