

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Four Fools LLC		09/10/2004	Limited Liability Company: OREGON

RECEIVING PARTY DATA

Name:	Dusky Goose LLC
Street Address:	222 SW Columbia, Suite 1850
City:	Portland
State/Country:	OREGON
Postal Code:	97201
Entity Type:	Limited Liability Company: OREGON

PROPERTY NUMBERS Total: 3

Property Type	Number	Word Mark
Serial Number:	76529784	FOUR FOOLS
Serial Number:	76529785	DUSKY GOOSE
Serial Number:	76529786	DUSKY GOOSE

CORRESPONDENCE DATA

Fax Number: (503)226-0079  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Phone: 503-226-8438  
 Email: nvs@aterwynne.com  
 Correspondent Name: Natella V. Svistunova  
 Address Line 1: 222 SW Columbia, Suite 1800  
 Address Line 4: Portland, OREGON 97201

ATTORNEY DOCKET NUMBER:	101737-1
NAME OF SUBMITTER:	Cheryl Landis

Total Attachments: 2  
 source=dusky assignment\_1#page1.tif

CH \$90.00 76529784





Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone:(503)986-2200  
Fax:(503)378-4381  
www.filinginoregon.com

Registry Number: 072564-98  
Type: DOMESTIC LIMITED LIABILITY COMPANY

DUSKY GOOSE LLC  
AW SERVICES, INC.  
222 SW COLUMBIA ST STE 1800  
PORTLAND OR 97201

### Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

If you have any questions regarding this acknowledgement, contact the Secretary of State, Corporation Division at (503)986-2200. Please refer to the registration number listed above. A copy of the filed documentation may be ordered for a fee of \$5.00. Submit your request to the address listed above or call (503)986-2317 with your Visa or MasterCard number.

#### Document

ARTICLES OF AMENDMENT

#### Filed On

09/10/2004

#### Jurisdiction

OREGON

#### Name

DUSKY GOOSE LLC

#### Principal Place of Business

222 SW COLUMBIA STE 1850  
PORTLAND OR 97201

#### Registered Agent

AW SERVICES, INC.  
222 SW COLUMBIA ST STE 1800  
PORTLAND OR 97201

#### Manager

NEIL GOLDSCHMIDT  
222 SW COLUMBIA ST STE 1850  
PORTLAND OR 97201



Phone: (503) 986-2200  
Fax: (503) 378-4381

**Articles of Amendment/Dissolution—Limited Liability Company**

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
FilingInOregon.com

**FILED**

**SEP 10 2004**

**OREGON  
SECRETARY OF STATE**

REGISTRY NUMBER: 072564-98

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

**ARTICLES OF AMENDMENT ONLY**

**1) NAME PRIOR TO AMENDMENT**

Four Fools LLC

**2) THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY.** (State the article number(s) and set forth the article(s) as it is amended to read.)

Article I. - The name of the limited liability company is Dusky Goose LLC

**3) PLEASE CHECK THE APPROPRIATE STATEMENT**

This amendment was adopted by the manager(s) without member action. Member action was not required.

Date of adoption of each amendment: \_\_\_\_\_

This amendment(s) was approved by the members. 100 percent of the members approved the amendment(s).

Date of adoption of each amendment: 9/9/2004

**ARTICLES OF DISSOLUTION ONLY**

**4) NAME OF LIMITED LIABILITY COMPANY** \_\_\_\_\_

**5) DATE OF DISSOLUTION** \_\_\_\_\_

**6) EXECUTION** (Must be signed by at least one member or manager.)

Signature

Printed Name

John D. Carter

Title

Manager

**7) CONTACT NAME** (To resolve questions with this filing.)

Kelly Mecklem

**DAYTIME PHONE NUMBER** (Include area code.)

503-226-1191

**FEES**

Required Processing Fee \$50  
Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to  
"Corporation Division."

**NOTE:**

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.