

Form PTO-1594 (Rev. 06/04)
OMB Collection 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

The Cutters, Inc.

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

Citizenship (see guidelines) Michigan

Execution Date(s) December 29, 2004

Additional names of conveying parties attached? Yes No

3. Nature of conveyance:

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

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Regis Inc.

Internal

Address:

Street Address: 7201 Metro Boulevard

City: Minneapolis

State: Minnesota

Country: U.S.A. Zip: 55439

- Association Citizenship
- General Partnership Citizenship
- Limited Partnership Citizenship
- Corporation Citizenship Minnesota
- Other Citizenship

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)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

See attached sheet.

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

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

Name: Scott Sullivan

Internal Address:

Street Address: 7201 Metro Boulevard

City: Minneapolis

State: Minnesota Zip: 55439

Phone Number: 952/947-7219

Fax Number: 952/947-7200

Email Address: scott.sullivan@regiscorp.com

6. Total number of applications and registrations involved:

5

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 140.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 502914
Authorized User Name Scott Sullivan

9. Signature:

Signature

December 29, 2004

Date

Scott Sullivan

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

CH \$140.00 502914 1312731

TRADEMARKS

<u>Mark</u>	<u>Reg. No.</u>	<u>Serial No.</u>	<u>Reg. Date</u>	<u>Filing Date</u>
BORICS (Stylized)	1312731	73429904	Jan. 1, 1985	June 13, 1983
BORICS	1682294	74129779	Apr. 7, 1992	Jan. 11, 1991
THE STYLE CENTER	1667107	74129778	Dec. 3, 1991	Jan. 11, 1991
BORICS (Hair Care Products)	1666386	74129777	Dec. 3, 1991	Jan. 11, 1991
MR. JONES	2155857	75126499	May. 5, 1998	June 27, 1996

