

Commissioner of Patents & Trademarks **BOX ASSIGNMENTS** Washington, D.C. 20231

FORM PTO-1618A

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE

(Rev. 6-99)

**TRADEMARKS ONLY**

Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original document or copy thereof.

1. Submission Type

- New
- Resubmission (Non-Recordation)

Document ID # \_\_\_\_\_

- Correction of PTO Error

Reel # \_\_\_\_\_ Frame # \_\_\_\_\_

- Corrective Document

Reel # 2983 Frame # 0202

2. Name of Conveying Party(ies):

**Carli Gry International A/S**  
**Danstrupvej 25**  
**3480 Fredensborg**  
**Denmark**

- Individual(s)                       Association
- General Partnership               Limited Partnership

Corporation                      Danish

Other: \_\_\_\_\_

Additional Name(s) of conveying attached?  Yes  No

3. Name and Address of Receiving Party(ies):

Name: IC Companys A/S

Street Address: Raffinadervej 10

City: DK-2300 Copenhagen S

Country Denmark Zip: \_\_\_\_\_

Individual(s) citizenship \_\_\_\_\_

Association \_\_\_\_\_

General \_\_\_\_\_

Limited Partnership \_\_\_\_\_

Corporation                      Danish

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

4. Nature of conveyance:

- Assignment                               Merger
- Security Agreement                   Change of Name

Other: Correction of Misspelling

Effective Date: \_\_\_\_\_

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

A. Incorrect Spelling of Assignee  
**IC COMPANY A/S**

B. Correct Spelling of Assignee  
**IC COMPANYS A/S**

Additional Sheet attached?  Yes  No

6 Name and address of party to whom correspondence concerning this matter should be mailed:

**CUSTOMER NUMBER 00136**  
**JACOBSON HOLMAN**  
**400 7th Street, N.W.**  
**Washington, DC 20004**  
**Tel. 202-638-6666**

Attorney Docket No. T-33172US0

7. Number of applications and registrations involved:

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

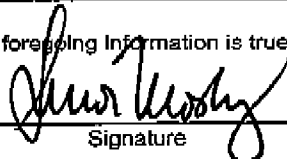
- Credit Card Payment Form enclosed
- Should this form become detached or the amount be insufficient, please charge our Deposit Account, No. 06-1358

DO NOT USE THIS SPACE

10. Statement and Signature.

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.

Simor L. Moskowitz  
 Name of Person Signing



Signature

January 5, 2005  
 Date

Total number of pages excluding cover sheet:

OP \$40.00 75500311

11/23/2004

700133751

Commissioner of Patents & Trademarks ASSIGNMENTS Washington, D.C. 20231

FORM PTO-1015A

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE

(Rev. 6-95)

TRADEMARKS ONLY

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1. Submission Type

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- Document ID # \_\_\_\_\_
- Correction of PTO Error
- Reel # \_\_\_\_\_ Frame # \_\_\_\_\_
- Corrective Document
- Reel # \_\_\_\_\_ Frame # \_\_\_\_\_

2. Name of Conveying Party(ies):

**Card Gry International A/S**  
 Danstrupvej 25  
 5450 Fredensborg  
 Denmark

3. Name and Address of Receiving Party(ies):

Name: **KG Company A/S**  
 Street Address: **Rattindervej 10**  
 City: **DK-2300 Copenhagen S**  
 Country: **Denmark** Zip: \_\_\_\_\_

- Individual(s) Citizenship \_\_\_\_\_
- Association \_\_\_\_\_
- General \_\_\_\_\_
- Limited Partnership \_\_\_\_\_
- Corporation **Danish**
- 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

- Individual(s)
- Association
- General Partnership
- Limited Partnership
- Corporation **Danish**
- Other \_\_\_\_\_

Additional Name(s) of conveying attached?  Yes  No

4. Nature of conveyance:

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

Effective Date: **May 3, 2001**

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

A. Trademark Applicant No.(s)  
**75/500,311**

B. Trademark Registration No.(s)

Additional Sheet attached?  Yes  No

6. Name and address of party to whom correspondence concerning this matter should be mailed:

**CUSTOMER NUMBER 00136**  
**JACOBSON HOLMAN**  
**400 7th Street, N.W.**  
**Washington, DC 20004**  
**Tel. 202-838-6666**

Attorney Docket No. **T-34647USD**

7. Number of applications and registrations involved: **1**

8. Total fee (37 CFR 3.41)..... \$ **46.00**  
 Credit Card Payment Form enclosed  
 Should this form become detached or the amount be insufficient, please charge our Dropoff Account No. 05-1358

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10. Statement and Signature.

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.

Similar L. Moskowitz

Name of Person Signing

*[Signature]*  
 Signature

November 23, 2004

Date

Total number of pages excluding cover sheet: **4**

01-500 (01/2000) 21