


Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) 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): 155873 Canada, Inc.  <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input checked="" type="checkbox"/> Other Canadian Corporation  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: BOCA AUTHENTIC, INC. Internal Address: 9445 Jean Pratt, Suite 202  Street Address: Montreal, Quebec City: CANADA                      State:                      Zip: H4N2W7  <input type="checkbox"/> Individual(s) citizenship <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input checked="" type="checkbox"/> Other Canadian Corporation  If assignee is not domiciled in the United States, a domestic representative designation is attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address( es) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3. Nature of conveyance:  <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other  Execution Date: 09/15/1999					
4. Application number(s) or registration number(s):  A. Trademark Application No.(s) _____ _____  Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			B. Trademark Registration No.(s) 2,580,568 2,599,894 _____  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: Pearson & Pearson, LLP  Internal Address: _____ _____  Street Address: 10 George Street _____  City: Lowell                      State: MA                      Zip: 01852			6. Total number of applications and registrations involved: 2  7. Total fee (37 CFR 3.41).....\$ 80.00  <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account  8. Deposit account number:  160875		
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9. Signature.  Daniel J. Mansur Name of Person Signing   Signature  1/21/05 Date  Total number of pages including cover sheet, attachments, and document: 2					

Mail documents to be recorded with required cover sheet information to:  
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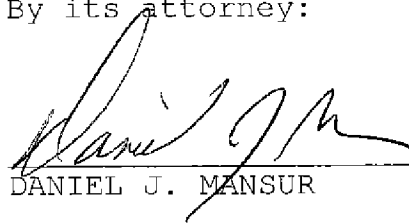
CH \$65.00 160875 2580568

**APPOINTMENT OF DOMESTIC REPRESENTATION**

The law firm of Pearson & Pearson, LLP, having a business address at 10 George Street, Lowell, Massachusetts 01852, United States of America is hereby appointed as Assignee's representative upon whom notices or process in proceedings affecting the mark may be served.

BOCA AUTHENTIC, INC.

By its attorney:

  
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DANIEL J. MANSUR