

08-25-2004

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



RECO  
TR

102822106

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):**

DYNAMICFAX, INC., *82304*  
An Illinois Corporation

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

Citizenship (see guidelines) \_\_\_\_\_

Execution Date(s) March 17, 2004

Additional names of conveying parties attached?  Yes  No

**3. Nature of conveyance:**

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

**2. Name and address of receiving party(ies)**

Additional names, addresses, or citizenship attached?  Yes  No

Name: CLEO COMMUNICATIONS, INC.

Internal

Address: \_\_\_\_\_

Street Address: 4203 Galleria Drive

City: Loves Park

State: Illinois

Country: USA Zip: 61111

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship \_\_\_\_\_
- 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)

75/497,661

B. Trademark Registration No.(s)

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: Christopher A. Mitchell

Internal Address: \_\_\_\_\_

Street Address: 3001 West Big Beaver Road  
Suite 624

City: Troy

State: MI Zip: 48084-3107

Phone Number: (734) 662-0270

Fax Number: 97340 662-1014

Email Address: mitchell@ybpc.com

**6. Total number of applications and registrations involved:**

1

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40**

- 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 25-0115

Authorized User Name \_\_\_\_\_

**9. Signature:**

*[Handwritten Signature]*  
Signature

20 August 2004  
Date

Christopher A. Mitchell

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 1

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

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**COVERSHEET SUBMITTED  
WITHOUT ASSIGNMENTS.**

**EXAMINER, PLEASE DEEM  
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