

08-16-2004

Form PTO-1594 (Rev. 06/04)
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<p>1. Name of conveying party(ies)/Execution Date(s):</p> <p>McMurry Publishing, Inc.</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____</p> <p>Citizenship (see guidelines) <u>United States (AZ)</u></p> <p>Execution Date(s) <u>4/30/02</u></p> <p>Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional names, addresses, or citizenship attached?</p> <p>Name: <u>McMurry, Inc.</u></p> <p>Internal _____ Address: _____</p> <p>Street Address: <u>1010 E. Missouri Ave</u></p> <p>City: <u>Phoenix</u></p> <p>State: <u>Arizona</u></p> <p>Country: <u>United States</u> Zip: <u>85014</u></p> <p><input type="checkbox"/> Association Citizenship _____ <input type="checkbox"/> General Partnership Citizenship _____ <input type="checkbox"/> Limited Partnership Citizenship _____ <input checked="" type="checkbox"/> Corporation Citizenship <u>United States (AZ)</u> <input type="checkbox"/> Other _____ Citizenship _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)</p>
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3. Nature of conveyance:

Assignment Merger
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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)
1,821,238; 2,782,434

Additional sheet(s) attached? Yes No

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

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<p>5. Name & address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Austin D. Potenza II</u></p> <p>Internal Address: <u>Suite 2210</u></p> <p>Street Address: <u>201 N. Central Ave</u></p> <p>City: <u>Phoenix</u></p> <p>State: <u>Arizona</u> Zip: <u>85073</u></p> <p>Phone Number: <u>602-252-6555</u></p> <p>Fax Number: <u>602-252-1114</u></p> <p>Email Address: <u>apotenza@cmpbglaw.com</u></p>	<p>6. Total number of applications and registrations involved: 2</p> <p>7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ <u>65.00</u></p> <p><input type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Enclosed</p> <p>8. Payment Information:</p> <p>a. Credit Card Last 4 Numbers _____ Expiration Date _____</p> <p>b. Deposit Account Number _____ Authorized User Name _____</p>
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9. Signature: Austin D. Potenza II 8-10-04
Signature Date

Austin D. Potenza II, Esq.

Name of Person Signing Total number of pages including cover sheet, attachments, and document:

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
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OCTOBER 30, 1999