

11-17-2004

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

RECOF  
TR



102882280

MRD 11-15-04

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):

Capone's Hideaway Lodge, Inc.

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

Citizenship (see guidelines)

Execution Date(s) December 9, 2003

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: Alphonse Capone Enterprises, Inc.

Internal

Address:

Street Address: 35W337 Riverside Drive

City: St. Charles

State: Illinois

Country: USA Zip: 60174

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other

Citizenship \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Citizenship \_\_\_\_\_  
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)

2,713,986

Additional sheet(s) attached?  Yes  No

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

ROARING 20's

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

Name: Wood, Phillips, Katz, Clark and

Internal Address: Mortimer

Street Address: 500 West Madison Street  
Suite 3800

City: Chicago

State: Illinois Zip: 60661-2511

Phone Number: 312-876-1800

Fax Number: 312-876-2020

Email Address:

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- 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 23-0785

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

9. Signature:

Nora T. Wesley  
Signature

November 10, 2004

Date

Nora T. Wesley

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 2

1148.00022

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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