

05-10-2005

Form PTO 1584 (Rev. 8-03) **MRD** **RECORD/**
 DMR No. 0031-0011 Imp. 454 **5/9/05** **TRAI**
 U.S. DEPARTMENT OF COMMERCE
 Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: **102900434** thereof.

1. Name of conveying party(ies):
SLIPCOVER ACQUISITION, INC.
 Individual(s) Association
 General Partnership Limited Partnership
 Corporation - Delaware
 Other
 Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies):
 Name: **SURE FIT INC.**
 Address: **58 West 40th Street**
New York, NY 10018-2605
 Association
 General Partnership
 Limited Partnership
 Corporation - Delaware
 Other

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other

Execution Date: **August 13, 2004**

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

A. Trademark Applications		B. Trademark Registrations	
Mark	Serial No.	Mark	Reg. No.
HOMESTYLE BY SURE FIT	76/564,152	DECOR EXPRESS and Design	2,647,468
SURE FIT	76/597,753	HOMESCAPES	2,423,484
SURE FIT and Design	76/594,387	SLIPCOVERS BY MAIL	2,392,448
		SURE-FIT (Stylized)	521,780

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: **Darby & Darby P.C.**
 Street Address: **Post Office Box 5257**
 City: **New York** State: **New York** Zip: **10150-5257**
OUR REF. NO.: 00381/8200868-000

6. Total number of applications and registrations involved: **7**

7. Total fee (37 CFR 3.41): **\$190.00**
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number: **04-0100**
 (Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.
 Paul Fields
 Name of Person signing *Paul Fields* signature **Charge Fee**
 Total number of pages including cover sheet, attachments, and document: **2** **March 28, 2005**

Mail documents to be received with required cover sheet information to:
 Mail Stop Assignment Reexamination Bureau
 Director of the United States Patent and Trademark Office
 P.O. Box 1450
 Alexandria, VA 22315-1450

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EFFECTIVE

OCTOBER 30, 1999