



Form PTO-1594 (Rev. 07/05)
Collection 0651-0027 (exp. 6/30/2008)

10-14-2005

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



103099714

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):

PAUL A. MARCIAL

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) 9-21-05

- Assignment Sept. Merger
- Security Agreement Change of Name
- Other _____

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: INK corporation

Internal Address: ~~179 W~~

Street Address: 179 W. Kenilworth

City: Royal OAK

State: MICHIGAN

Country: U.S.A. Zip: 48067

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship U.S.A.
- 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)

78476505 8-31-04

B. Trademark Registration No.(s)

78477859 9-2-04

Additional sheet(s) attached? Yes No

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

I LOVE DETROIT

Refund Ref: 10/12/2005 LNUELLER 0000148076

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

Name: PAUL MARCIAL INK corp.

Internal Address: _____

Street Address: 179 W. Kenilworth

City: Royal OAK MI

State: MICHIGAN Zip: 48067

Phone Number: 586.530.1193

Fax Number: ~~586.248.~~

Email Address: paulmarcial@hotmail

6. Total number of applications and registrations involved

Refund Total: 2 \$15.00

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

- 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 10/12/2005 LNUELLER 00000007 78476505 9986-2005

Authorized 01 EC:8522 name _____
02 EC:8522

U.S. Patent & TMO/TM Mail Rpt. C-4

48.00 OP
25.00 OR

9. Signature:

Paul A. Marcial
Signature

9-21-05
Date

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 (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK
REEL: 003234 FRAME: 0593

ASSIGNMENT COVERSHEET

SUBMITTED WITHOUT

SUPPORTING DOCUMENTATION