

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings

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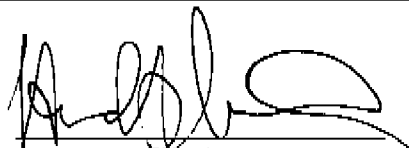
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): Robert Bernstein</p> <p><input checked="" type="checkbox"/> Individual(s)      <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership      <input type="checkbox"/> Limited Partnership  <input type="checkbox"/> Corporation-State  <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Nature of conveyance:  <input checked="" type="checkbox"/> Assignment      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement      <input type="checkbox"/> Change of Name  <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>1/25/2006</u></p>	<p>2. Name and address of receiving party(ies)  Name: <u>Scentsphere LLC</u>  Internal Address: _____  Address: _____</p> <p>Street Address: <u>11 legion Drive</u>  City: <u>Valhalla</u> State: <u>NY</u> Zip: <u>10595</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____  <input type="checkbox"/> Association _____  <input type="checkbox"/> General Partnership _____  <input type="checkbox"/> Limited Partnership _____  <input type="checkbox"/> Corporation-State _____  <input checked="" type="checkbox"/> Other <u>Limited Liability Company - New York</u></p> <p><small>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)  Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small></p>
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<p>4. Application number(s) or registration number(s):  A. Trademark Application No.(s) _____  _____</p>	<p>B. Trademark Registration No.(s) <u>2,805,983;</u>  <u>2,944,812</u></p> <p>Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>5. Name and address of party to whom correspondence concerning document should be mailed:  Name: <u>Howard F. Mandelbaum</u>  Internal Address: <u>Levine &amp; Mandelbaum</u>  _____  _____  Street Address: <u>444 Madison Avenue</u>  <u>35th Floor</u>  City: <u>New York</u> State: <u>NY</u> Zip: <u>10022</u></p>	<p>6. Total number of applications and registrations involved: <span style="border: 1px solid black; padding: 2px;">2</span></p> <p>7. Total fee (37 CFR 3.41).....\$ <u>65.00</u>  <input type="checkbox"/> Enclosed  <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number:  <u>06-0735</u></p>
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<p>9. Signature.   <u>Howard F. Mandelbaum</u>  Name of Person Signing</p>	 Signature	<p><u>1/31/2006</u>  Date</p>
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Total number of pages including cover sheet, attachments, and document: 2

Mall documents to be recorded with required cover sheet information to:  
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