

11-22-2005

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

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office



REC
T

103124036

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):

Black Hat Networks, LLC

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

Citizenship (see guidelines) Delaware

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Envescent, LLC

Internal

Address: _____

Street Address: 4827 8th Street South

City: Arlington

State: Virginia

Country: USA Zip: 22204

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other Limited Liability Company

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)

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

Execution Date(s) August 12, 2003

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

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

76/566600

B. Trademark Registration No.(s)

Additional sheet(s) attached? Yes No

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

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

Name: Vincent L. Ramik

Internal Address: Diller, Ramik & Wight
Suite 101

Street Address: 7345 McWhorter Place

City: Annandale

State: VA Zip: 22003

Phone Number: 703-642-5705

Fax Number: 703-642-2117

Email Address: drwpatentlaw@aol.com

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 if enclosed is insufficient

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 50-1716

Authorized User Name Vincent Ramik

9. Signature:

Vincent L. Ramik

November 15, 2005

Signature

Date

Vincent L. Ramik

Name of Person Signing

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

11/21/2005 BYRNE 00000105 76566600

01 FC:8521

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: 003257 FRAME: 0779

Delaware

PAGE 1

The First State

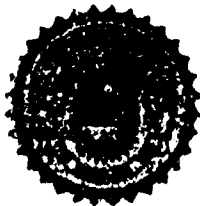
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "ENVESCENT, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTIETH DAY OF SEPTEMBER, A.D. 2001, AT 9 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "BLACK HAT NETWORKS, LLC" TO "ENVESCENT, LLC", FILED THE TWELFTH DAY OF AUGUST, A.D. 2003, AT 11:30 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.



3437750 8100H

040285617

AUTHENTICATION: 3076156

DATE: 04-27-04