

02-21-2006



RECORD

TRADEMARK 103182551

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):

Sturgis Meat Service, Inc.

- Individual(s)
- General Partnership
- Corporation- State: South DAKOTA
- Other \_\_\_\_\_

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

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

Execution Date(s) 1/31/2005

- 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: G & G Enterprises, Inc.

Internal \_\_\_\_\_

Address: \_\_\_\_\_

Street Address: PO Box 38

City: Sturgis

State: South DAKOTA

Country: USA Zip: 57785

Association Citizenship \_\_\_\_\_

General Partnership Citizenship \_\_\_\_\_

Limited Partnership Citizenship \_\_\_\_\_

Corporation Citizenship South Dakota

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)

76/27688

B. Trademark Registration No.(s)

3038716

Additional sheet(s) attached?  Yes  No

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

STURGIS BEEF JERKY

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

Name: Jacobson & Colvin, PC

Internal Address: Jeffrey E Jacobson

Street Address: 60 Madison Ave, Suite 1026

City: New York

State: NY Zip: 10010

Phone Number: 212-691-5630

Fax Number: 212-645-5038

Email Address: \_\_\_\_\_

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40<sup>00</sup>/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 \_\_\_\_\_

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

9. Signature:

Jeffrey E. Jacobson  
Signature  
Name of Person Signing

2/13/05  
Date

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

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

