

04-19-2006



RECORD/
TRIAL 103222817

4-17-06

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):

DALLAS STOKES

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

Citizenship (see guidelines) U.S.A.

Additional names of conveying parties attached? Yes No

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

Execution Date(s) 3/30/06

- Assignment OF 50% INTEREST Merger
- Security Agreement Change of Name
- Other _____

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: PETER DAULS

Internal Address: _____

Street Address: 2145 CRESCENT DRIVE

City: SIGNAL HILL

State: CA

Country: USA Zip: 90755

- Association Citizenship _____
- General Partnership Citizenship 2006
- Limited Partnership Citizenship _____
- Corporation Citizenship _____
- Other INDIVIDUAL Citizenship USA

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)

78777284

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):

THE INFAMOUS BLACK SHEEP BRAND (FILING DATE 12/20/05)

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

Name: KATHERINE KOYANAGI, ESQ.

Internal Address: _____

Street Address: 11301 W. OLYMPIC BLD.
PMB 324

City: LA LOS ANGELES

State: CA Zip: 90064

Phone Number: (310) 666-6880

Fax Number: _____

Email Address: koyanagikath@yahoo.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

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

40.00 DP
00000130 7877284

9. Signature:

Katherine Koyanagi
Signature

4/11/06

Date

KATHERINE KOYANAGI

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 1

04/11/2006 11:00 AM
01 FEB 2006

