

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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):
NARAE Enterprises LLC

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

Citizenship (see guidelines) USA

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies) Yes
Additional names, addresses, or citizenship attached? No

Name: NARAE Enterprises Inc
Internal Address: _____
Street Address: 3216 Hillside Ct
City: Plano
State: Texas
Country: USA Zip: 75093

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship USA
 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)

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

Execution Date(s) 01/01/2006

Assignment Merger
 Security Agreement Change of Name
 Other Entity type change

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

A. Trademark Application No.(s) 78739728

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):

DEALTAKER

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

Name: NARAE Enterprises Inc
Internal Address: _____
Street Address: 3216 Hillside Ct
City: Plano
State: Texas Zip: 75093
Phone Number: (516) 452-5986
Fax Number: 206-666-6659
Email Address: Deal@Dealtaker.com

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40

Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers 6854
Expiration Date 12/07

b. Deposit Account Number _____
Authorized User Name _____

9. Signature: Neal R. Report 8/3/06 Date

Signature _____
Name of Person Signing Neal R. Report, President

Total number of pages including cover sheet, attachments, and document: 4

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

OP \$40.00 78739728

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Department of the Treasury
Internal Revenue Service
P O BOX 249
MEMPHIS TN 38101-0249

Date of this notice: MAR. 6, 2006
Taxpayer Identification Number: 20-1920685
Form: Tax Period:

For assistance you may
call us at:
1-800-829-0115

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[Barcode]

NARAE ENTERPRISES INC
RAPOFORT NEAL
3216 HILLSDALE CT
PLANO TX 75093-3449169



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NOTICE OF ACCEPTANCE AS AN S CORPORATION

WE HAVE ACCEPTED YOUR ELECTION TO BE TREATED AS AN S CORPORATION BEGINNING
JAN. 1, 2006. YOUR ACCOUNTING PERIOD WILL END IN DECEMBER.

WE WOULD ALSO LIKE TO TAKE THIS OPPORTUNITY TO INFORM YOU OF YOUR TAX
OBLIGATIONS RELATED TO THE PAYMENT OF COMPENSATION TO SHAREHOLDER-EMPLOYEES OF
S CORPORATIONS.

WHEN A SHAREHOLDER-EMPLOYEE OF AN S CORPORATION PROVIDES SERVICES TO THE S
CORPORATION, REASONABLE COMPENSATION GENERALLY NEEDS TO BE PAID. THIS COMPENSATION
IS SUBJECT TO EMPLOYMENT TAXES.

TAX PRACTITIONERS AND SUBCHAPTER S SHAREHOLDERS NEED TO BE AWARE THAT REVENUE
RULING 74-44 STATES THAT THE INTERNAL REVENUE SERVICE (IRS) WILL RE-CHARACTERIZE
SMALL BUSINESS CORPORATION DIVIDENDS PAID TO SHAREHOLDERS AS SALARY WHEN SUCH
DIVIDENDS ARE PAID TO THE SHAREHOLDERS IN LIEU OF REASONABLE COMPENSATION FOR
SERVICES.

THE IRS MAY ALSO RE-CHARACTERIZE DISTRIBUTIONS OTHER THAN DIVIDEND DISTRIBUTIONS
AS SALARY. THIS POSITION HAS BEEN SUPPORTED IN SEVERAL RECENT COURT DECISIONS.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTION WE HAVE TAKEN, PLEASE
CALL US AT THE TELEPHONE NUMBER LISTED ABOVE. IF YOU PREFER, YOU MAY WRITE TO US AT
THE ADDRESS SHOWN AT THE TOP OF THIS NOTICE. IF YOU WRITE TO US, PLEASE PROVIDE YOUR
TELEPHONE NUMBER AND THE MOST CONVENIENT TIME FOR US TO CALL SO WE CAN RESOLVE YOUR
INQUIRY. PLEASE RETURN THE BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

RETURN THIS PART TO US WITH YOUR CHECK OR INQUIRY
YOUR TELEPHONE NUMBER BEST TIME TO CALL
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29953-431-06434-6

INTERNAL REVENUE SERVICE
P O BOX 249
MEMPHIS TN 38101-0249

NARAE ENTERPRISES INC
RAPOFORT NEAL
3216 HILLSDALE CT
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TRADEMARK