

Form PTO-1594 (Rev. 07/05)
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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):

ATELIER INC.

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) August 17, 2006

- 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: Stanton Acquisition Corporation

Internal _____

Address: _____

Street Address: 207 Robbins Lane

City: Syosset

State: New York

Country: USA Zip: 11791

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship New York
- 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)

B. Trademark Registration No.(s)

2, 661, 319

Additional sheet(s) attached? Yes No

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

ATELIER CARPETS

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

Name: Martin Silver, P.C.

Internal Address: Attn: Richard E. Trachtenberg, Esq.

Street Address: 330 Motor Parkway Suite 201

City: Hauppauge

State: New York Zip: 11788

Phone Number: (631) 435-0700

Fax Number: (631) 435-8253

Email Address: RET@MartinSilverPC.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 6005
Expiration Date 4/07

b. Deposit Account Number _____
Authorized User Name _____

9. Signature:

Signature

8-17-06

Date

Richard E. Trachtenberg, Esq.

Name of Person Signing

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 1460, Alexandria, VA 22313-1460

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FACSIMILE TRANSMITTAL SHEET

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