

10-26-2006

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



DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office  
Office of Public Records

RECORD  
TRADEMARKS 103327766

2006 OCT 24 PM 2:33

10-24-06

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):

Sharyn Felts

- 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)

Additional names, addresses, or citizenship attached?  Yes  No

Name: Sharyn Read

Internal

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

Street Address: P.O. Box 160651

City: Sacramento

State: CA

Country: USA Zip: 95816

- Association      Citizenship \_\_\_\_\_
- General Partnership      Citizenship \_\_\_\_\_
- 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)

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

Execution Date(s) October 26, 2005

- Assignment       Merger
- Security Agreement       Change of Name
- Other \_\_\_\_\_

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)

2,380,441

Additional sheet(s) attached?  Yes  No

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

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

Name: Robert E. Howard

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

Street Address: P.O. Box 10345

City: Eugene

State: OR Zip: 97440-2345

Phone Number: (541)686-4355

Fax Number: (541)686-0776

Email Address: hre22@qwest.net

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 \_\_\_\_\_

9. Signature:

Signature

October 20, 2006

Date

Robert E. Howard  
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

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: 003417 FRAME: 0114

# Marriage Certificate



No. 2005375

his is to certify that the undersigned, a MINISTER (title of person administering marriage), by authority of a license bearing date the 22nd day of OCTOBER, 2005,

issued by the County of LINCOLN, State of Oregon, did on this 26th day of OCTOBER, A.D., 2005, at YACHTS, OREGON (location)

join in lawful wedlock

James C. Bend and Sharyn Felts

Signature of Groom:  
Name: JAMES BEND  
Address: FALLON NEVADA

Signature of Bride:  
Name: SHARYN FELTS  
Address: FLORENCE OREGON

with their mutual consent and in the presence of the witnesses undersigned below

Witnesses:  
Name: JACK FORD  
Address: BEND OREGON



Name: ROSALYN SMARR  
Address: DAYVILLE OREGON

Name: WILLIAM J. JENKINS, LINCOLN COUNTY CLERK  
Address: Methodist Life Church, Modesto Calif.  
(location)  
Official Designing Minister