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FEET OFFICE OF PUBLIC RECORDS

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2007 FEB 16 AM 11:01

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

2-16-07

1. Name of conveying party(ies):

PAVILION Winery LLC

- Individual(s)
- General Partnership
- Corporation- State: CA
- 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) 2/12/07

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

2. Name and address of receiving party(ies)

FINANCE SECTION

Additional names, addresses, or citizenship attached? Yes No

Name: WOODMAR GROUP

Internal

Address:

Street Address: 1247 DURANT CT

City: WALNUT CREEK,

State: CA

Country: USA

Zip: 94596

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other

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)

78616559

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):

Grayson Cellars

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

Name: MIKE O'Connell

Internal Address:

Street Address: 1247 DURANT COURT

City: WALNUT CREEK

State: CA Zip: 94596

Phone Number: 707-812-4443

Fax Number: 707-261-9400

Email Address: mike@graysoncellars.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 _____ Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

Mike O'Connell

Signature

2/12/07

Date

MIKE O'CONNEL

Name of Person Signing

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

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

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ASSIGNMENT COVERSHEET

SUBMITTED WITHOUT

SUPPORTING DOCUMENTATION