

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Will, effective as of death on 6/20/2002		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Anthony Kim Jr.		02/06/2002	INDIVIDUAL: UNITED STATES
RECEIVING PARTY DATA			
Name:	Alan Lynn Garrison-Kim		
Street Address:	Post Office Box 406		
City:	Meshoppen		
State/Country:	PENNSYLVANIA		
Postal Code:	18630		
Entity Type:	INDIVIDUAL: UNITED STATES		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	1157224		
Registration Number:	2442051	PRECIOUS PRINTS	
CORRESPONDENCE DATA			
Fax Number:	(919)688-3781		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	(919) 683-5514		
Email:	emailboxtm@oliveandolive.com		
Correspondent Name:	Vedia Jones-Richardson		
Address Line 1:	500 Memorial Street		
Address Line 2:	Post Office Box 2049		
Address Line 4:	Durham, NORTH CAROLINA 27702-2049		
ATTORNEY DOCKET NUMBER:	KIAZ1300/KIAZ1600		
NAME OF SUBMITTER:	Vedia Jones-Richardson		
Signature:	/Vedia Jones-Richardson/		

CH \$65.00 1157224

Date:

04/05/2007

Total Attachments: 5

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Last Will and Testament

of

ANTHONY KIM, JR.

ANTHONY KIM, JR., now residing at 2717 Sparger Road, Durham, Durham County, State of North Carolina, do hereby revoke all Wills and Codicils heretofore made by me and do hereby make, publish and declare this to be my Last Will and Testament.

ARTICLE I

I direct that all of my just debts, my funeral expenses (including the cost of a suitable grave marker) and the costs of administration of my estate and all Federal estate and North Carolina (or other state) Estate or Inheritance taxes payable by my estate and by any legatee, devisee, beneficiary or remainderman by reason of my death (including any such taxes or proceeds of insurance on my life payable to issue, and on gifts or other assets passing outside of this Will but properly includable as part of my adjusted gross estate for inheritance or Estate tax purposes) shall be paid out of my estate as soon as practicable after my death.

ARTICLE II

I bequeath to the individuals and institutions listed below the following:

- A. Ten thousand and 00/100 Dollars (\$10,000.00) to Dawn Delight Garrison Boumpani.
- B. Ten thousand and 00/100 Dollars (\$10,000.00) to April Su Garrison Schurmacher.
- C. Ten thousand and 00/100 Dollars (\$10,000.00) to Margo Leah Garrison Wood.
- D. Five thousand and 00/100 Dollars (\$5,000.00) to the Murdoch Center, Butner, North Carolina in honor of Joel Ferro.


ANTHONY KIM, JR.

RANDALL & HILL
ATTORNEYS AT LAW
400 WEST MAIN STREET, SUITE 608
POST OFFICE BOX 1010

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- E. Ten thousand and 00/100 Dollars (\$10,000.00) to Adundant Life Church, Hillsborough, North Carolina to be used for youth ministries.
- F. Ten thousand and 00/100 Dollars (\$10,000.00) to Carol Thompson a jewelry bench, polisher and all tools that would allow her to continue to make and craft jewelry
- G. Five thousand and 00/100 Dollars (\$5,000.00) to Sarah Klimek.
- H. Seventy-five thousand and 00/100 Dollars (\$75,000.00) to Belinda Ferro.

ARTICLE III

I give, devise and bequeath an of the rest, residue and remainder of my estate, real, personal and mixed, if every kind and character and wherever situate, including any property over which I may have power of appointment, to Alan Lynn Garrison-Kim.

ARTICLE IV

I hereby nominate, constitute and appoint Alan Lynn Garrison-Kim as executor of this my Last Will and Testament, and direct that he shall serve without bond.

ARTICLE V

Without limiting the powers that my Executor will have under the laws of the State of North Carolina, I hereby confer upon my said Executor, all of the powers set forth in North Carolina General Statutes, Section 32-27.

ARTICLE VI

Whenever any part of the principal of my estate hereunder shall become distributable to a person who is then a minor, as his absolute property, my executor, named herein, is hereby designated as trustee of such funds, and may in its discretion withhold distribution of such property and invest and reinvest the same, collect the income therefrom, and, during the minority of such minor, apply the net income or principal for the benefit of such minor child without the intervention or qualification of any guardian or the posting of any guardian's bond, and may accumulate, invest and reinvest the balance of such income and principal, if any, until the minor


ANTHONY KIM, JR.

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twenty-five (25), all such principal and income so withheld shall be paid over to the estate of such minor.

ARTICLE VII

In the event the said Alan Lynn Garrison-Kim does not survive me or decline to serve or, for any reason, be unable to act or die before my estate is fully administrated, then in either of said events and thereafter, Joseph Klimek, shall become and act as Executor of this, my Last Will and Testament, with all the right, power, authority and duties herein given to the original Executrix.

Throughout this Will, wherever the context requires or permits, genders will be interchangeable and the singular number shall be deemed to include the plural, and vice versa.

Throughout this Will, the term "devise" shall be deemed to refer distributions of real property or personal property or both, depending on the context in which such term is used.

IN TESTIMONY WHEREOF, I ANTHONY KIM, JR., the Testator, have here unto set my hand and seal, this the 6 day of February, 2002, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older and of sound mind, and under no constraint or undue influence.



ANTHONY KIM, JR.

We, John C. Randall, and Carolyn D. Wentz the
witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the
undersigned authority that the Testator signs and executes this instrument as his Last Will and that
he signs it willingly, and that each of us, in the presence and hearing of the Testator, hereby signs
this Will as witness to the Testator's signing, and that to the best of our knowledge the Testator is
eighteen years of age or older, of sound mind, and under no constraint or undue influence.

John C. Randall
WITNESS

Carolyn D. Wentz
WITNESS

STATE OF NORTH CAROLINA

COUNTY OF DURHAM

Subscribed, sworn to and acknowledged before me by ANTHONY KIM, JR., the
Testator, and subscribed and sworn to before me by John C. Randall
and Carolyn D. Wentz, the witnesses, this 6 day of February,
2002.

[Signature]
Notary Public

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE CENTER FOR HEALTH STATISTICS -- N.C. VITAL RECORDS
CERTIFICATE OF DEATH

Registration District No. 032-95 Local No. 1371

DECEDENT'S NAME (First, Middle, Last) 1. Anthony A. Kim Jr.		SEX 2. M	DATE OF DEATH (Month, Day, Year) 3. June 20, 2002
SOCIAL SECURITY NUMBER 4. 139-30-7547	AGE—Last Birthday (Years) 5. 62	UNDER 1 YEAR Months Days 5b.	UNDER 1 DAY Hours Minutes 5c.
WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) 8. No		DATE OF BIRTH (Month, Day, Year) 6. May 4, 1940	
BIRTHPLACE (County and State or Foreign country) 7. New Brunswick, N.J.			

DECEDENT

FACILITY NAME (if not institution, give street and number) 9a. 2717 Sparger Rd.		CITY, TOWN, OR LOCATION OF DEATH 9c. Durham	INSIDE CITY LIMITS? (Yes or No) 9d. Yes	COUNTY OF DEATH 9e. Durham
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PARENTS

MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) 10. Widowed	SURVIVING SPOUSE (if wife, give maiden name) 11.	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. Designer	KIND OF BUSINESS/INDUSTRY 12b. Jewelry
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INFORMANT

RESIDENCE—STATE 13a. NC	COUNTY 13b. Durham	CITY, TOWN, OR LOCATION 13c. Durham	STREET AND NUMBER 13d. 2717 Sparger Rd.
INSIDE CITY LIMITS (Yes or No) 13e. Yes	ZIP CODE 13f. 27705	Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify) 14.	RACE—American Indian, Black, White, Etc. (Specify) 15. White
FATHER'S NAME (First, Middle, Last) 17. Anthony Kim		MOTHER'S NAME (First, Middle, Maiden Surname) 18. Helen Mansfield	

INFORMANT

INFORMANT'S NAME (Type/Print) 19a. Alan Garrison	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 2717 Sparger Rd., Durham, NC, 27705	DATE AMENDED 19c. / /
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CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. mesothelioma
DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
b. _____
DUE TO (OR AS A CONSEQUENCE OF):

c. _____
DUE TO (OR AS A CONSEQUENCE OF):

20a. _____
d. _____

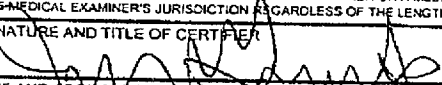
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.
20b. _____

CAUSE OF DEATH

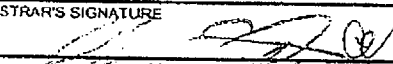
AUTOPSY? (Yes or No) 21a. NO	If yes, were findings considered in determining cause of death? 21b.	Was case referred to Medical Examiner? (Yes or No) 21c. No	TIME OF DEATH 22. _____ M.
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CERTIFIER

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

SIGNATURE AND TITLE OF CERTIFIER 	DATE SIGNED (Month, Day, Year) 23b. 6/21/02
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) 24. PO Box 318 Durham, NC 27710	

DISPOSITION

METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal 25a. <input type="checkbox"/> Donation <input type="checkbox"/> Other	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25b. Cedar Hill Cemetery	LOCATION—City or Town, State, Zip Code 25c. Millstone, NJ 08875-
NAME AND ADDRESS OF FUNERAL HOME 26a. Hall-Wynne Funeral Service 1113 West Main Street Durham, NC	SIGNATURE OF FUNERAL DIRECTOR 26b. Mark T. Higgins	LICENSE NUMBER 26c. FS-1269
REGISTRAR'S SIGNATURE 	DATE FILED (Month, Day, Year) 28. 6/25/02	SIGNATURE OF EMBALMER 26d. Mark T. Higgins
27.		LICENSE NUMBER 26e. FS-1269

Substitute for IHS 1872 revised 3/85) view 2/99) VITAL RECORDS NC Form NC1

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OR ABSTRACT OF THE OFFICIAL RECORD FILED IN THIS OFFICE.

WILLIE L COVINGTON
REGISTER OF DEEDS
DURHAM COUNTY

WITNESS MY HAND AND OFFICIAL SEAL

THIS THE 26 TH DAY OF JUNE, 2002

BY 
DEPUTY REGISTER OF DEEDS