

06-18-2007



2007 JUN 15 AM 10:29

To the Director of the U. S. Patent and Trademark Office

103417072

Documents or the following address(es) below

6.15.07

1. Name of conveying party(ies):

Leen & Associates, Inc.

- Individual(s)
- General Partnership
- Corporation- State: Washington
- 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) October 26, 2000

- 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: The Designers Edge, Inc

Internal _____

Address: _____

Street Address: 11730-NE 12th Street

City: Bellevue

State: WA

Country: USA Zip: 98005

Association Citizenship _____

General Partnership Citizenship _____

Limited Partnership Citizenship _____

Corporation Citizenship Washington

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)

1.630.743. 2.451.002. 2.572.311. 2.590.511. 2.652.817

Additional sheet(s) attached? Yes No

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

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

Name: Dean A. Craine

Internal Address: _____

Street Address: 400-112th Avenue NE, Suite 140

City: Bellevue

State: WA Zip: 98004

Phone Number: 425-637-3035

Fax Number: 425-637-9312

Email Address: dac@nytpatents.com

6. Total number of applications and registrations involved:

5

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 200.00

- 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 _____

0000157461 \$60.00

9. Signature:

FC:8521
FC:8522

Dean A. Craine
Signature

June 12, 2007
Date

Dean A. Craine
Name of Person Signing

Total number of pages including sheet, attachments, and documents _____

CHECK Refund Total: _____

STATE of WASHINGTON



SECRETARY of STATE

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF AMENDMENT

to

LEEN & ASSOCIATES, INC.

a Washington Profit corporation. Articles of Amendment were filed for record in this office on the date indicated below.

Changing name to THE DESIGNERS EDGE, INC.

UBI Number: 601 240 374

Date: October 26, 2000



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

2-420889-4

TRADEMARK