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

To the Director of the U. S. Pater. 1. Name of conveying party(ies): 07-25-2007



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007 	U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark Office EET Y
	ded documents or the new address(es) below.
Additional names	address of receiving party(ies) , addresses, or citizenship attached?
Name: Internal Address:	DBD, Inc.
_	ss: 1001 washington St 15hohocken
Country:	Zip: 19428
General Pa	artnership Citizenship

Priscilla of Boston Inc	Additional names, addresses, or citizenship attached?
ioo washington St	Name: DBD, Inc.
Conshorocken PA 19428	Internal
Individual(s) Association	Address:
General Partnership Limited Partnership	Street Address: 1001 Washing ton St
Corporation- State: Delauxave	city: Conshonocken
Other	State: PA
Citizenship (see guidelines)	Country: USA Zip: 19428
Additional names of conveying parties attached?	
3. Nature of conveyance)/Execution Date(s) :	General Partnership Citizenship
Execution Date(s) 07-06-07	Limited Partnership Citizenship
	Corporation Citizenship Pelaware.
Assignment Merger	Other Citizenship
Security Agreement Change of Name	If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
Other	(Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and	
A. Trademark Application No.(s) 2 0 2007	B. Trademark Registration No.(s) 2088 576, 1987087, 1984078, 1987088
Commence of the second of the	Additional sheet(s) attached? Yes No
C. Identification or Description of Trademark(s) (and Filing	Date if Application of Registration Number is unknown);
5. Name & address of party to whom correspondence	6. Total number of applications and
concerning document should be mailed:	registrations involved:
Name: William Engelbreint, ESQ	
Internal Address:	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 15.00
	Authorized to be charged by credit card
Street Address: David's Bridal, Inc.	Authorized to be charged to deposit account
1001 Washington St	L Enclosed 응용
city: Conshohocken	8. Payment Information:
State: PA Zip: 19428	a. Credit Card Last 4 Numbers
α	
Phone Number: 610 - 943-6331	Expiration Date
Ear Number: 1010 - 943 - 50410	
Fax Number: 1010 - 943 - 5046	
Email Address: Wingelbrecht Cobi. Com	
Email Address: Wing elbrecht Colbi. Com 9. Signature:	b. Deposit Account Number
9. Signature: Signature	b. Deposit Account Number
Email Address: Wing elbrecht Cobi. Com 9. Signature: Signature William Engelbrecht,	b. Deposit Account Number
9. Signature: William Engelbecht Name of Person Signing	b. Deposit Account Number
9. Signature: William Engelbrecht Name of Person Signing Documents to be recorded (including cover shee	b. Deposit Account Number

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ASSIGNMENT

WHEREAS, PRISCILLA OF BOSTON, INC., a Delaware corporation having an office and a principal place of business at 1001 Washington Street, Conshohocken, PA, 19428 (referred to herein as "POB") is the owner of certain trademarks filed with the United States Patent and Trademark Office; and

WHEREAS, DBD, INC., A Delaware corporation having an office located at 1001 Washington Street, Conshohocken, PA, 19428 (referred to herein as "DBD") is an affiliate of POB; and

WHEREAS, POB is desirous of transferring all of its trademarks to DBD. The trademark registration numbers are as follows: 2088576, 1987087, 1984078, and 1987088.

WHEREAS, DBD, INC. is desirous of acquiring all trademarks under the name of POB. The trademark registration numbers are as follows: 2088576, 1987087, 1984078, and 1987088.

NOW THEREFORE, for One Dollar (\$1.00) and other good and valuable considerations, receipt and adequacy of which is hereby acknowledged, POB has assigned, effective July 6, 2007 (the "Effective Date"), unto DBD, its successors and assigns, all of its right, title and interest in and to the above referenced Trademarks, together with the goodwill symbolized by the Trademarks, and all rights and remedies for any infringement of the Trademarks. POB further assigns to DBD, its successors and assigns, all rights arising out of POB use of the Trademarks prior to the date of this Assignment, and all rights arising out of POB's use of the Trademarks under any license from DBD after the date of this Assignment.

IN WITNESS WHEREOF, PRISCILLA OF BOSTON, INC. has caused this Assignment to be executed this 6th day of July, 2007.

PRISCILLA OF BOSTON, INC.

Gene Morphis

Executive Vice President / CFO

STATE OF PENNSYLVANIA

ss: Conshohocken

COUNTY OF MONTGOMERY

On the day of 3, 2007 personally appeared Gene Morphis, Executive Vice President / CFO of Prisciple of Boston, Inc. and acknowledged the foregoing to be their free act and deed and the free act and deed of said corporation, before me.

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal Caroyl Mehrman, Notary Public Brookhaven Boro, Delaware County My Commission Expires Nov. 18, 2010

Member, Pennsylvania Association of Notaries

Caroyl Mohaman

Caroyl Mehman

Notary Public

My commission expires: 11/18/10

TRADEMARK REEL: 003592 FRAME: 0216



VIA UPS

July 19, 2007

Trademark Assistance James Madison Building **East Wing** Concourse Level 600 Dulany Street Alexandria, VA 22313

> RE: Trademark Assignment

Priscilla of Boston, Inc. ("Conveying Party") to

DBD, Inc. ("Receiving Party")

Registration Nos.: 2088576; 1987087; 1984078; and 1987088

Dear Sir/Madam:

Enclosed please find the Trademark Recordation Form and Assignment pertaining to the above referenced matter along with our check number 121162 in the amount of \$115.00 for the filing fee.

Should you have questions regarding the contents of this letter, you may call me at (610) 943-6454.

Very truly yours,

Kim Portes

PRISCILLA OF BOSTON, INC.

Kim Porter

Paralegal

William R. Engelbrecht, Esquire cc:

07-20-2007

U.S. Patient & TMOfc/TM Mail Richt Dt. #30

a. Credit Card Last 4 Numbers Expiration Date _____ Phone Number: <u>610 - 943 - 103</u>2 b. Deposit Account Number 943-5046 1010-Fax Number: Email Address: Wing elbrecht Gobi. Authorized User Name 9. Signature: Znael Total number of pages including cover sheet, attachments, and document: Name of Person Signing 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

1 ASSIGNMENT 1 CheCK

RECORDED: 07/20/2007 REEL: 003592 FRAME: 0218