

Form PTO-1594 (Rev. 07/05)
OMB Collection 0951-0027 (exp. 6/30/2008)

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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):

Markworks, Inc.

- Individual(s)
- General Partnership
- Corporation- State: Virginia
- Other _____
- Association
- Limited Partnership

Citizenship (see guidelines) US

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: Stavfold, Inc.

Internal

Address: _____

Street Address: 108 Ingram Road, Unit 23

City: Williamsburg

State: Virginia

Country: US

Zip: 23186

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship US
- 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)

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

Execution Date(s) September 17, 2007

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

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)

3,261,868

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: Christian R. Eriksen

Internal Address: _____

Street Address: 222 Central Park Avenue, Suite 1700

City: Virginia Beach

State: Virginia

Zip: 23462

Phone Number: 757-499-8800

Fax Number: 757-473-0395

Email Address: ceriksen@williamsmullen.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.8(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 50-0766

Authorized User Name Christian Eriksen

9. Signature:

CR Eriksen
Signature

September 18, 2007
Date

Christian R. Eriksen
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 4

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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