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# TRADEMARKS ONLY

OPR/FINANCE

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

2.19.08

**1. Name of conveying party(ies):**  
Maurice A. Pisciotano

Individual(s)       Association  
 General Partnership       Limited Partnership  
 Corporation- State: \_\_\_\_\_  
 Other \_\_\_\_\_

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

**2. Name and address of receiving party(ies)**  Yes  No

Additional names, addresses, or citizenship attached?  No

Name: S&T Bank  
 Internal \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street Address: 800 Philadelphia St.  
 City: Indiana  
 State: PA  
 Country: USA Zip: 15701

Association Citizenship \_\_\_\_\_  
 General Partnership Citizenship \_\_\_\_\_  
 Limited Partnership Citizenship \_\_\_\_\_  
 Corporation Citizenship USA  
 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) February 12, 2008

Assignment       Merger  
 Security Agreement       Change of Name  
 Other \_\_\_\_\_

**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) 78/839,302 78/839,308

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: Stephen M. Papernick  
 Internal Address: Papernick & Gefsky, LLC  
One Oxford Centre  
 Street Address: 34th Floor, 301 Grant Street  
 City: Pittsburgh  
 State: PA Zip: 15219  
 Phone Number: 412-765-2212  
 Fax Number: 412-765-3319  
 Email Address: spapernick@papernick-gefsky.com

**6. Total number of applications and registrations involved:** 2

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 65.00**

Authorized to be charged by credit card  
 Authorized to be charged to deposit account  
 Enclosed

**8. Payment Information:**

a. Credit Card Last 4 Numbers \_\_\_\_\_  
02/26/2008 Date 00000010 78839302

b. Deposit Account Number \_\_\_\_\_ 40.00 DP  
02 FC:8522 25.00 DP

Authorized User Name \_\_\_\_\_

**9. Signature:** Maurice A. Pisciotano February 12, 2008  
 Signature Date

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

# **ASSIGNMENT COVERSHEET**

**SUBMITTED WITHOUT**

**SUPPORTING DOCUMENTATION**