

Form PTO-1594 (Rev. 07/03)
OMB Collection 0651-0027 (exp. 8/30/2008)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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):
B-Dry System, Inc.

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

Citizenship (see guidelines) _____
 Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies) Yes
 Additional names, addresses, or citizenship attached? No

Name: BDS Management Group, Inc.
 Internal _____
 Address: _____
 Street Address: 455 South 4th Street
 City: Louisville, KY 40202
 State: Kentucky
 Country: U.S.A. Zip: 40202

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship _____
 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) June 20, 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) 1,505,188

Additional sheet(s) attached? Yes No

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

Word Mark

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

Name: Kyle Anne Citrynell
 Internal Address: _____
 Street Address: 462 South Fourth Street
22nd Floor
 City: Louisville
 State: Kentucky Zip: 40202
 Phone Number: (502) 584-7400
 Fax Number: (502) 583-2100
 Email Address: citrynell@derbycitylaw.com

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(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 502426
 Authorized User Name Kyle Anne Citrynell

9. Signature: [Signature] 6/20/08
 Signature Date
Kyle Anne Citrynell
 Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 1

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 1460, Alexandria, VA 22313-1460

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