

Form PTO-1594 (Rev. 07/05)
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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):

Karen E. Nethersole DBA Full Disclosure NY

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

Citizenship (see guidelines) Canada

Additional names of conveying parties attached? Yes No

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

Execution Date(s) 6/30/2008

- Assignment Merger
- Security Agreement Change of Name
- Other Change of name & change of address

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Karen E. Nethersole DBA Full Circle NY

Internal

Address: _____

Street Address: 555 East 78th Street, Suite 3K

City: New York

State: NY

Country: US Zip: 10075

- 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)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)
78/783431

B. Trademark Registration No.(s)

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: Neal Greenfield

Internal Address: _____

Street Address: 187 Nugent Street

City: New Hyde Park

State: NY Zip: 11040

Phone Number: 347-263-4953

Fax Number: 516-502-6912

Email Address: _____

6. Total number of applications and registrations involved:

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

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

8. Payment Information:

a. Credit Card Last 4 Numbers 1009
Expiration Date _____

b. Deposit Account Number _____
Authorized User Name _____

9. Signature:

Signature

6/30/08

Date

Neal Greenfield

Name of Person Signing

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

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

OP \$40.00 78783431

**Re Serial Number 78/783431
Trademark FULL CIRCLE NY**

**Change of name from
Karen E Nethersole DBA Full Disclosure NY
to
Karen E Nethersole DBA Full Circle NY**

No other documentation required.