

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
K & M Associates		06/02/1995	LIMITED PARTNERSHIP: RHODE ISLAND
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	K & M Associates L.P.		
<b>Street Address:</b>	425 Dexter Street		
<b>City:</b>	Providence		
<b>State/Country:</b>	RHODE ISLAND		
<b>Postal Code:</b>	02940-9567		
<b>Entity Type:</b>	LIMITED PARTNERSHIP: RHODE ISLAND		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	1515329	SENSITIVITY	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(401)861-1953		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	401-421-3141		
<b>Email:</b>	rsalter@saltermichaelson.com		
<b>Correspondent Name:</b>	Robert S. Salter		
<b>Address Line 1:</b>	321 South Main Street - 5th Floor		
<b>Address Line 2:</b>	SALTER & MICHAELSON		
<b>Address Line 4:</b>	Providence, RHODE ISLAND 02903-7128		
<b>ATTORNEY DOCKET NUMBER:</b>	T000444		
<b>NAME OF SUBMITTER:</b>	Robert Salter		
<b>Signature:</b>	/Robert Salter/		

CH \$40.00 1515329

Date:

11/21/2008

Total Attachments: 0

**THIS  
PAGE  
INTENTIONALLY  
LEFT  
BLANK**