

Form PTO-1594  
1-31-92

U.S. Department of Commerce  
Patent and Trademark Office

# RECORDATION FORM COVER SHEET TRADEMARKS ONLY

Our Ref.: DJB-4286-1

## Mail Stop Assignment Recordation Services

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

To the Commissioner for Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): HQ Companies, Inc.</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> General partnership <input checked="" type="checkbox"/> Corporation-State: Delaware <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Association <input type="checkbox"/> Limited Partnership</p>	<p>2. Name and address of receiving party(ies): Name: UniPunch Products, Inc. Internal Address: _____ Street Address: <u>527 3<sup>rd</sup> Avenue</u> City: <u>Clear Lake</u> State/Country: <u>Wisconsin</u> Zip: <u>54005</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State <u>Delaware</u> <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Designations must be a separate document from Assignment) Additional name/s &amp; address/es attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Security Assignment <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Merger <input checked="" type="checkbox"/> Change of Name</p> <p>Execution Date: <u>November 30, 2007</u></p>	

4. Application number(s) or registration number(s):  
If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

<p>A. Trademark Application No.(s) (1) _____ (2) _____ (3) _____</p>	<p>B. Trademark Registration No.(s) (1) <u>637,999</u> (2) <u>767,074</u> (3) <u>616,497</u></p>
<p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

5. Name and address of party to whom correspondence concerning document should be mailed:  
Name: Donna J. Bunton  
Internal Address: \_\_\_\_\_  
Street Address: Nixon & Vanderhye P.C.  
901 North Glebe Road  
11th Floor  
City Arlington State: VA Zip: 22203

6. Total number of applications and registrations involved: 3

7. Total fee (37 CFR 3.41)(8521; \$40) (8522; \$25)\$ 90.00  
 Enclosed  
 Authorized to be charged to deposit account #14-1140

8. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.

**DO NOT USE THIS SPACE**

9. Statements and signature.  
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Donna J. Bunton August 10, 2009  
Name of Person Signing Signature Date

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

DJB:ew

CIH \$90.00 141140 0637993

CHANGE OF NAME ONLY