

Form PTO-1594 (Rev. 01-09)  
OMB Collection 0651-0027 (exp. 02/28/2009)

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):**

Crosscare Limited C/O The Cross Group

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

Citizenship (see guidelines) Ireland

Additional names of conveying parties attached?  Yes  No

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

Execution Date(s) 01/07/2010

- Assignment
- Security Agreement
- Other *Correct an error made in a previously recorded document that erroneously affects the identified Registrations*
- Merger
- Change of Name

Reel 3367  
Frame 0327

**2. Name and address of receiving party(ies)**

Additional names, addresses, or citizenship attached?  Yes  No

Name: Crosscare Limited C/O The Cross Group

Internal Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address: Airton Road, Tallaght

City: Dublin

State: \_\_\_\_\_

Country: Ireland Zip: 24

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other

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)

B. Trademark Registration No.(s)

2,838,163

Additional sheet(s) attached?  Yes  No

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

REDUCE THE HOURS OF CRYING

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

Name: Birch, Stewart, Kolasch & Birch, LLP

Internal Address: \_\_\_\_\_

Street Address: P.O. Box 747

City: Falls Church

State: Virginia Zip: 22040-0747

Phone Number: (703)205-8000

Fax Number: (703)205-8050

Email Address: Mailroom@bskb.com

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

1

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

- Authorized to be charged to deposit account
- Enclosed

**8. Payment Information:**

Deposit Account Number 022448

Authorized User Name BSKB

**9. Signature:**



Robert J. Kenney

Name of Person Signing

1/29/2010

Date

Total number of pages including cover sheet, attachments, and document:  5

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

TRADEMARK  
Reg. No.: 2,838,163  
Docket No.: 1377-0185T

Declaration under 37 C.F.R. §2.20

The Undersigned, Robert J. Kenney, hereby declares as follows:

That I am the Attorney for the Applicant, Crosscare Limited C/O The Cross Group  
with a business address at Airton Road, Tallaght, Dublin 24, Ireland;

That I am authorized to execute this Declaration on behalf of said Applicant;

That said Applicant is the true owner of Registration No. 2,838,163, "REDUCE THE  
HOURS OF CRYING;"

An Assignment was erroneously filed and recorded on August 10, 2006 incorrectly  
changing the owner to VI-JON Laboratories, LLC. The Assignment shows a change in  
ownership from VI-JON Laboratories, Inc. to VI-JON Laboratories, LLC at Reel 3367,  
Frame 0327. Crosscare Limited C/O The Cross Group, has been and continues to be the true  
owner of this registration;

That the statements made herein of my own knowledge are true and that all  
statements made on information and belief are believed to be true;

And further that these statements were made with the knowledge that willful false  
statements and the like so made are punishable by fine or imprisonment, or both, under  
Section 1001 of Title 18 of the United States Code and that such willful false statements may  
jeopardize the validity of the application or document or any registration resulting therefrom.

By \_\_\_\_\_

Name: Robert J. Kenney  
Title: Attorney for the applicant

Executed this 7<sup>th</sup> day of January, 2010.