

TIS/MADRID ASSIGNMENT

Electronic Version v1.0  
Stylesheet Version v1.0

SUBMISSION TYPE:	NEW ASSIGNMENT	<b>APPLICATION NUMBER</b> <b>79016045</b>				
NATURE OF CONVEYANCE:	CHANGE OF NAME					
CONVEYING PARTY DATA						
<table border="1"><thead><tr><th>Name</th><th>Execution Date</th></tr></thead><tbody><tr><td>Weekday AB</td><td>02/22/2010</td></tr></tbody></table>			Name	Execution Date	Weekday AB	02/22/2010
Name	Execution Date					
Weekday AB	02/22/2010					
RECEIVING PARTY DATA						
Name:	Weekday AB					
Address:	Box 336 SE-573 24 Tranås					
Country:	SE					
Entity Type:						
Entity Country:	SE					
CORRESPONDENCE DATA						
Correspondent Name:	Weekday AB					
Address:	Box 336 SE-573 24 Tranås					
Country:	SE					

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