

05-27-2010

NRD 5/11/10



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

DEPARTMENT OF COMMERCE  
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):

Clear Perspectives, Inc.

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

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached?  Yes  No

Name: Clear Perspectives, Inc.  
 Internal  
 Address: Suite 212  
 Street Address: 431 Ohio Plks  
 City: Cincinnati  
 State: Ohio  
 Country: United States Zip: 45255

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship State of Ohio
- 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)

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

Execution Date(s) May 10, 2010

- Assignment
- Security Agreement
- Other SEE ATTACHED SHEET
- Merger
- Change of Name

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)

2784516

Additional sheet(s) attached?  Yes  No

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

TRIFLEXIN

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

Name: Lynda E. Roesch

Internal Address: Suite 1900

Street Address: 255 East Fifth Street

City: Cincinnati

State: Ohio Zip: 45202

Phone Number: 513-977-8200

Fax Number: 513-977-8141

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

6. Total number of applications and registrations involved:

[Empty box for total number of applications and registrations]

7. Total fee (37 CFR 2.8(b)(6) & 3.41) \$ 40.00

- Authorized to be charged to deposit account
- Enclosed

B. Payment Information:

Deposit Account Number 04-1133

Authorized User Name Lynda E. Roesch

8. Signature:

Lynda E. Roesch  
Signature

5.21.10  
Date

Lynda E. Roesch

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: -3-

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 1460, Alexandria, VA 22313-1460

3. Nature of conveyance

■ Other This submission is to correct an error made in previously recorded documents that erroneously affect the identified trademark at Reel/Frame 2525/0069

**DECLARATION OF OWNERSHIP**

Quinta Albonetti hereby states that all statements made herein of her own knowledge are true and all statements made on information and belief are believed to be true.

1. I am the President of Clear Perspectives, Inc.;
2. Clear Perspectives, Inc. is the original and continues to be the owner of **TRIFLEXIN** Trademark Registration No. 2,724,516; American Safety Razor Company has never had any ownership interest in this mark;
3. The previously recorded documents noted below were submitted with erroneous information;

Reel/Frame: 2525/0069;

*Quinta M. Albonetti, President*  
Quinta Albonetti, President

Signed at Cincinnati, Ohio on this 10 day of May, 2010.

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