

TIS/MADRID ASSIGNMENT

Electronic Version v1.0  
Stylesheet Version v1.0

SUBMISSION TYPE:	NEW ASSIGNMENT	<b>APPLICATION NUMBER</b> <b>79012878</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>joimax GmbH</td><td>11/22/2010</td></tr></tbody></table>			Name	Execution Date	joimax GmbH	11/22/2010
Name	Execution Date					
joimax GmbH	11/22/2010					
RECEIVING PARTY DATA						
Name:	joimax GmbH					
Address:	Amalienbadstraße 41, RaumFabrik 61 76227 Karlsruhe					
Country:	DE					
Entity Type:						
Entity Country:	DE					
CORRESPONDENCE DATA						
Correspondent Name:	joimax GmbH					
Address:	Amalienbadstraße 41, RaumFabrik 61 76227 Karlsruhe					
Country:	DE					

**THIS  
PAGE  
INTENTIONALLY  
LEFT  
BLANK**