

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>		NEW ASSIGNMENT	
<b>NATURE OF CONVEYANCE:</b>		CHANGE OF NAME	
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Cicero Capital Management LLC		07/12/2010	LIMITED LIABILITY COMPANY: CALIFORNIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Bretton Capital Management LLC		
<b>Street Address:</b>	338 Spear St, Unit 21B		
<b>City:</b>	San Francisco		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	94105		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: CALIFORNIA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	85048726	BRETTON	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(704)918-1285		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	7042456515		
<b>Email:</b>	bdavis@virtuallawpartners.com		
<b>Correspondent Name:</b>	Brian M. Davis		
<b>Address Line 1:</b>	5960 Fairview Road; Suite 400		
<b>Address Line 4:</b>	Charlotte, NORTH CAROLINA 28210		
<b>NAME OF SUBMITTER:</b>	Brian M. Davis		
<b>Signature:</b>	/Brian M. Davis/		
<b>Date:</b>	02/11/2011		
Total Attachments: 2			

OP \$40.00 85048726

**900183721**

**TRADEMARK  
 REEL: 004475 FRAME: 0355**

source=BRETTON NAME CHANGE#page1.tif

source=BRETTON NAME CHANGE#page2.tif

**State of California**  
**Secretary of State**



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of this office.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

JUL 12 2010



*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State



State of California Secretary of State

ENDORSED - FILED In the office of the Secretary of State of the State of California

JUL 12 2010

LIMITED LIABILITY COMPANY RESTATED ARTICLES OF ORGANIZATION

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER: 201003510313
2. NAME OF LIMITED LIABILITY COMPANY: Cicero Capital Management LLC

3. NAME OF LIMITED LIABILITY COMPANY IF DIFFERENT FROM ITEM 2. (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY" OR "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC OR L.L.C.")
Bretton Capital Management, LLC

4. FUTURE EFFECTIVE DATE, IF ANY: MONTH: DAY: YEAR:

5. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS
[ ] AN INDIVIDUAL RESIDING IN CALIFORNIA. PROCEED TO ITEM 7
[ ] A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505. PROCEED TO ITEM 8.
AGENT'S NAME: Stephen J. Dodson

7. CALIFORNIA ADDRESS OF THE AGENT FOR SERVICE OF PROCESS. COMPLETE ONLY IF AN INDIVIDUAL.
ADDRESS 338 Spear Street, Unit 21B
CITY San Francisco STATE CA ZIP CODE: 94105

8. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY: (CHECK ONE)
[ ] ONE MANAGER
[ ] MORE THAN ONE MANAGER
[ ] ALL LIMITED LIABILITY COMPANY MEMBER(S)

9. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE THE LATEST DATE ON WHICH THE LIMITED LIABILITY IS TO DISSOLVE.

10. TOTAL NUMBER OF PAGES ATTACHED, IF ANY:

11. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.
[Signature] July 12, 2010
SIGNATURE OF AUTHORIZED PERSON DATE
Stephen J. Dodson, Manager
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

12. RETURN TO:
NAME Stephen J. Dodson
FIRM Bretton Capital Management LLC
ADDRESS 338 Spear Street, Unit 21B
CITY/STATE San Francisco, CA 94105
ZIP CODE

