

Form PTO-1594 (Rev. 03-11)
OMB Collection 0651-0027 (exp. 03/31/2012)

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):

Chrome Systems Corporation

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) 04/18/2005

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Chrome Systems, Inc.

Internal

Address: _____

Street Address: 700 N.E. Multnomah

City: Portland

State: OR

Country: USA Zip: 97232

- 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)

2459440, 2461319

Additional sheet(s) attached? Yes No

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

CHROME, CHROME (STYLIZED)

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

Name: Law Offices of Dana Breitman

Internal Address: _____

Street Address: 425 E 58th St

City: NY

State: NY Zip: 10022

Phone Number: 212 644 8312

Fax Number: _____

Email Address: dana-breitman@yaho.com

6. Total number of applications and registrations involved:

2

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 1600.65

- Authorized to be charged to deposit account
- Enclosed - credit card form attached

8. Payment Information:

Deposit Account Number _____

Authorized User Name _____

9. Signature:

[Signature] Signature

6/10/11 Date

DANA BREITMAN
Name of Person Signing

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

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 22313-1450

TRADEMARK

REEL: 004562 FRAME: 0096

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OP \$65.00 245944

In accordance with TMEP 503.03(b) no supporting documentation is required to record a change of name.