

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	MERGER
<b>EFFECTIVE DATE:</b>	02/05/2008

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Waldenbooks Properties, Inc.		02/05/2008	CORPORATION: DELAWARE

**RECEIVING PARTY DATA**

<b>Name:</b>	WALDEN BOOK COMPANY, INC.
<b>Street Address:</b>	100 Phoenix Drive
<b>City:</b>	Ann Arbor
<b>State/Country:</b>	MICHIGAN
<b>Postal Code:</b>	48107-7069
<b>Entity Type:</b>	CORPORATION: COLORADO

**PROPERTY NUMBERS Total: 4**

Property Type	Number	Word Mark
Registration Number:	1886029	ROMANTIC READER
Registration Number:	1879743	HAILING FREQUENCIES
Registration Number:	1649653	WALDENBOOKS PREFERRED READER
Registration Number:	1493633	BRENTANO'S

**CORRESPONDENCE DATA**

Fax Number: (646)878-0801  
 Phone: 646-878-0820  
 Email: TM-USPTO@pczlaw.com  
*Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.*  
 Correspondent Name: Todd Braverman, Esq.  
 Address Line 1: 1500 Broadway, 12th Floor  
 Address Line 2: Pearl Cohen Zedek Latzer LLP  
 Address Line 4: New York, NEW YORK 10036

CH \$115.00 1886029

ATTORNEY DOCKET NUMBER:	700657-42-01 B&N BORDERS
NAME OF SUBMITTER:	Todd Braverman
Signature:	/tjbraverman/
Date:	10/14/2011
Total Attachments: 5 source=WaldenbooksPropertiesMerger#page1.tif source=WaldenbooksPropertiesMerger#page2.tif source=WaldenbooksPropertiesMerger#page3.tif source=WaldenbooksPropertiesMerger#page4.tif source=WaldenbooksPropertiesMerger#page5.tif	

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**Statement of Merger**

**(Surviving Entity is a Domestic Entity)**

filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

- 1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number

\_\_\_\_\_  
*(Colorado Secretary of State ID number)*

Entity name or true name

WALDENBOOKS PROPERTIES, INC.

Form of entity

CORPORATION

Jurisdiction

Delaware

Street address

100 PHOENIX DRIVE, PO BOX 7069

*(Street number and name)*

ANN ARBOR

*(City)*

MI

*(State)*

48107-7069

*(ZIP/Postal Code)*

\_\_\_\_\_  
*(Province - if applicable)*

\_\_\_\_\_  
*(Country)*

Mailing address

*(leave blank if same as street address)*

\_\_\_\_\_  
*(Street number and name or Post Office Box information)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(ZIP/Postal Code)*

\_\_\_\_\_  
*(Province - if applicable)*

\_\_\_\_\_  
*(Country)*

ID Number

\_\_\_\_\_  
*(Colorado Secretary of State ID number)*

Entity name or true name

Form of entity

Jurisdiction \_\_\_\_\_

Street address \_\_\_\_\_  
(Street number and name)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province - if applicable) (Country)

Mailing address  
(leave blank if same as street address) \_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province - if applicable) (Country)

ID Number \_\_\_\_\_  
(Colorado Secretary of State ID number)

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Jurisdiction \_\_\_\_\_

Street address \_\_\_\_\_  
(Street number and name)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province - if applicable) (Country)

Mailing address  
(leave blank if same as street address) \_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province - if applicable) (Country)

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are



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*(Last)*                                      *(First)*                                      *(Middle)*                                      *(Suffix)*  
100 PHOENIX DRIVE, PO BOX 7069  
*(Street number and name or Post Office Box information)*

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ANN ARBOR                      MI                      48107-7069  
*(City)*                                      *(State)*                                      *(ZIP/Postal Code)*

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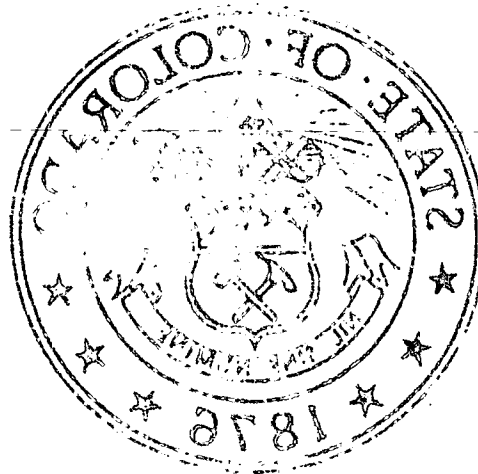
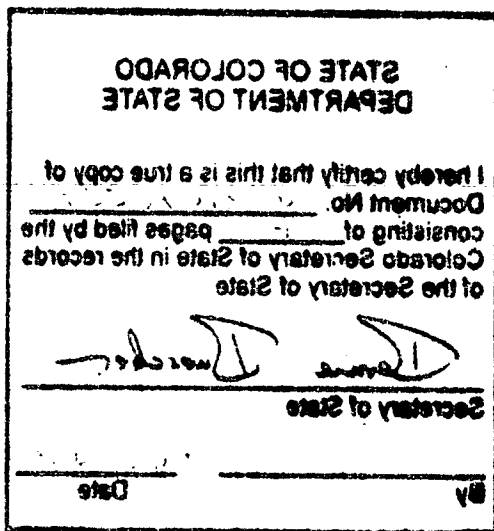
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STATE OF COLORADO  
DEPARTMENT OF STATE

I hereby certify that this is a true copy of  
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*James Dunbar*  
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