

Form PTO 1594 (Rev 07/05)  
Attorney Docket: RXP001,3,4,SR029US01

U.S. Department of Commerce  
U.S. 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 original documents or the new address(es) below.

<b>1. Name of Conveying Party(ies):</b> <p>W.P. Lavori in Corso S.r.l.</p> <p><input type="checkbox"/> Individual(s)      <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership      <input type="checkbox"/> Limited Partnership  <input checked="" type="checkbox"/> Corporation-Country: Italy  <input type="checkbox"/> Other _____</p> <p>Citizenship (see guidelines) <u>Italy</u></p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<b>2. Name and Address of Receiving Party(ies):</b> <p>Additional names(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Name: <u>G. &amp; G. S.r.l.</u></p> <p>Address: <u>Via C.A. Pizzardi, 50</u></p> <p>City: <u>Bologna</u></p> <p>State: _____</p> <p>Country: <u>Italy</u>      Zip: <u>40138</u></p> <p><input type="checkbox"/> Association, Citizenship _____  <input type="checkbox"/> General Partnership, Citizenship _____  <input type="checkbox"/> Limited Partnership, Citizenship _____  <input type="checkbox"/> Corporation, Citizenship _____</p> <p><input checked="" type="checkbox"/> Other, <u>Limited Liability Company of Italy</u>  If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No  (Designations must be a separate document from assignment)</p>
<b>3. Nature of Conveyance/Execution Date(s):</b> <p>Execution Date: <u>December 5, 2012</u></p> <p><input type="checkbox"/> Assignment      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement      <input type="checkbox"/> Change of Name  <input checked="" type="checkbox"/> Other <u>Cancellation of License Agreement</u></p>	

**4. Application Number(s) or Registration Number(s) and Identification or Description of the Trademark:**

A. Trademark Application Number(s): \_\_\_\_\_ B. Trademark Registration Number(s): 3,737,296

1,596,517    1,568,457    2,040,674

Additional sheet(s) attached?  Yes  No

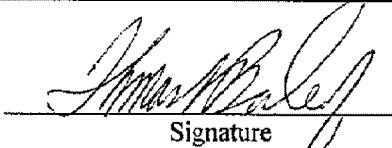
C. Identification or Description of Trademark(s) (and Filing Date if Applicable or Registration Number if unknown):

Trademark: THE ORIGINAL B-D BAGGIES	Registered: May 15, 1990	Registration: 1,596,517
Trademark: B-D BAGGIES	Registered: November 28, 1989	Registration: 1,568,457
Trademark: THE ORIGINAL B D BAGGIES	Registered: February 25, 1997	Registration: 2,040,674
Trademark: B.D. BAGGIES	Registered: January 12, 2010	Registration: 3,737,296

<b>5. Name &amp; Address of Party to Whom Correspondence Concerning Document Should Be Mailed:</b> <p>Name: <u>Thomas S. Baker, Jr.</u></p> <p>Address: <u>Thomas S. Baker, Jr., Attorney at Law, LLC.</u>  <u>1371 West 3<sup>rd</sup> Avenue</u></p> <p>City: <u>Columbus</u></p> <p>State: <u>Ohio</u>      Zip: <u>43212</u></p> <p>Phone Number: <u>(614) 488-2202</u></p> <p>Fax Number: <u>(614) 488-2232</u></p> <p>Email Address: _____</p>	<b>6. Total Number of Applications and Registrations Involved:</b> <u>4</u>
	<b>7. Total Fee (37 CFR 2.6(b)(6) &amp; 3.41):</b> <u>\$115.00</u> <input type="checkbox"/> Authorized to be Charged to by Credit Card <input checked="" type="checkbox"/> Authorized to be Charged to Deposit Account <input type="checkbox"/> Enclosed
	<b>8. Payment Information</b> A. Credit Card: Last 4 Numbers _____ Expiration Date _____ B. Deposit Account Number: <u>020413</u> Authorized User Name: <u>Thomas S. Baker, Jr.</u>

**9. Signature:**

Thomas S. Baker, Jr.  
Name of Person Signing

  
Signature

20 Feb 13  
Date

Total number of pages including cover sheet, attachments and documents: \_\_\_\_\_

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 1450, Alexandria, VA 22313-1450

CH \$115.00 020413 3737296

U.S.A.

**CANCELLATION OF LICENSE**

The undersigned:

**W.P. Lavori in Corso S.r.l.**, of Via dell'Arcoveggio 59/5 – 40129 Bologna (Italy),  
represented by Ms.Cristina CALORI, President of the Board of Directors,

and

**G. & G. S.r.l.**, of Via C.A. Pizzardi, 50, 40138 BOLOGNA (Italy), represented by Ms.  
Cristina CALORI, Director

REQUEST THE CANCELLATION OF THE LICENSE recorded with respect to the  
trademark registrations:

- "THE ORIGINAL B D BAGGIES" No. 2040674;
- "B-D BAGGIES" No. 1596517;
- "B-D BAGGIES" No. 1568457;
- "B.D. BAGGIES" No. 3737296.

Signed in Bologna (Italy)

This 5<sup>th</sup> day of December 2012

For and on behalf of **W.P. Lavori in Corso S.r.l.**

Signature:

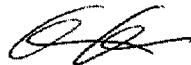


Name: Cristina CALORI

Title: President of the Board of Directors

For and on behalf of **G. & G. S.r.l.**

Signature:



Name: Cristina CALORI

Title: Director

**G. & G. s.r.l.**

Via Carlo Alberto Pizzardi, 50  
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