

Form PTO-1594 (Rev. 12-11)
OMB Collection 0651-0027 (exp. 04/30/2015)

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):
Lisa Bailey

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

Citizenship (see guidelines) _____
Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)
Additional names, addresses, or citizenship attached? Yes No
Name: Little Girl Shamara
Street Address: 15 Harwood Ave. South
City: Ajax
State: Ontario
Country: Canada Zip: H5A2B9

Individual(s) Citizenship _____
 Association Citizenship _____
 Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship _____
 Other Sale Property Ontario
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)

3. Nature of conveyance/Execution Date(s):
Execution Date(s) January 7, 2014

Assignment Merger
 Security Agreement Change of Name
 Other _____

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No. (s) Text B. Trademark Registration No. (s)

Serial # 86130740

Additional sheet(s) attached? Yes No

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

5. Name & address of party to whom correspondence concerning document should be mailed:
Name: LISA BAILEY
Internal Address: _____
Street Address: 36 Bellinger Dr.
City: Ajax
State: Ontario Zip: WT4P7
Phone Number: (416) 450-4532
Docket Number: _____
Email Address: Shammyball@yahoo.com

6. Total number of applications and registrations involved: _____

7. Total fee (37 CFR 2.6(b)(5) & 3.41) \$ _____
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:
Deposit Account Number: _____
Authorized User Name: _____

9. Signature: [Signature] Date: Jan 7, 2014

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 Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

Page: 1/3 TO: 151212730140 07-JAN-2014 15:48 From:

OP \$40.00 86130740

January 7, 2014

Re: **Serial Number** - 86130740 (Diva Delight)

I have a sole proprietorship Ontario Business License that **Diva Delight** will operate under. The business name is called **Little Girl Shamara**. I would prefer to use the name **Little Girl Shamara** to replace my name 'Bailey, Lisa' as seen in the paragraph and website link below.

"The trademarks, logos, and service marks (collectively the "Trademarks") displayed on this Web Site are registered and unregistered trademarks of Bailey, Lisa its affiliates and others. You can view trademarks owned by Bailey, Lisa on LegalForce Trademarkia at this link: <http://www.trademarkia.com/company-bailey-lisa-4088349-page-1-2>. Nothing contained on this Web Site should be construed as granting, by implication, estoppel, or otherwise, any license or right to use any Trademark displayed on this Web Site without the written permission of Bailey, Lisa or such third party that may own the trademark displayed on this Web Site. Your misuse of the Trademarks displayed on this Web Site, or any other content on this Web Site, except as provided herein, is strictly prohibited."

I, Lisa Bailey am giving my entire rights and goodwill to Little Girl Shamara to operate the business activities of Diva Delight.



Lisa Bailey

Jan. 7, 2014.
Date

* (your records may indicate my full name as: Lisa Bailey-Baksh.)*

TRADEMARK

REEL: 005187 FRAME: 0651