

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM315894

<b>SUBMISSION TYPE:</b>	RESUBMISSION		
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
<b>RESUBMIT DOCUMENT ID:</b>	900299442		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Korinne E Kramer representative for Allan Carl Kramer, deceased		09/22/2003	INDIVIDUAL: UNITED STATES
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Korinne E Kramer		
<b>Street Address:</b>	7333 93rd St SW		
<b>City:</b>	Howard Lake		
<b>State/Country:</b>	MINNESOTA		
<b>Postal Code:</b>	55349		
<b>Entity Type:</b>	INDIVIDUAL: UNITED STATES		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3503353	DOGGY DELI	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	612-242-8332		
<b>Email:</b>	doggydeli@gmail.com		
<b>Correspondent Name:</b>	Korinne E Kramer		
<b>Address Line 1:</b>	7333 93rd St SW		
<b>Address Line 4:</b>	Howard Lake, MINNESOTA 55349		
<b>NAME OF SUBMITTER:</b>	Korinne Kramer, for Allan Kramer. deceas		
<b>SIGNATURE:</b>	/Korinne Kramer/		
<b>DATE SIGNED:</b>	09/03/2014		
<b>Total Attachments: 1</b>			
source=Death Certificate A1#page1.tif			

My husband, Allan Carl Kramer, died and I am the beneficiary of his estate and the executor. Thus I have filled out the paperwork to have the Trademark # 3503353, Doggy Deli in my name.

Thank you.

Korinne Kramer

## DEATH CERTIFICATE

DECEDENT'S NAME	ALLAN CARL KRAMER	
DECEDENT'S ALIAS		
SEX, SOCIAL SECURITY NUMBER	MALE	367-50-8791
RESIDENCE (COUNTY AND CITY, STATE)	CARVER	MAYER, MINNESOTA
DATE AND PLACE OF BIRTH	SEPTEMBER 10, 1949	DETROIT, MICHIGAN
MARITAL STATUS SPOUSE'S NAME	MARRIED	KORINNE KLUTH
PARENT(S) NAME(S)	EDWARD JOSEPH KRAMER ORA MAE BAILEY	
DATE OF DEATH PLACE OF DEATH (COUNTY AND CITY) FUNERAL HOME	SEPTEMBER 22, 2003 CARVER	MAYER U OF MN MEDICAL SCHOOL BEQUEST PROGRAM
CAUSE OF DEATH IMMEDIATE UNDERLYING	MULTIPLE SYSTEM ATROPHY	
CONTRIBUTING CONDITIONS		
MANNER CORONER, MEDICAL EXAMINER OR PHYSICIAN	NATURAL TIMOTHY M GRANGAARD M.D. 424 STATE HWY 5 W, WACONIA, MINNESOTA 55387	

MOTHER'S FIRST NAME modified on 10/07/2003; MOTHER'S MIDDLE NAME modified on 10/07/2003; MOTHER'S MAIDEN NAME modified on 10/07/2003

S22-001192145

THIS IS A TRUE AND OFFICIAL RECORD OF THE DEATH REGISTERED IN THE  
OFFICE OF THE STATE REGISTRAR. DATE FILED: SEPTEMBER 23, 2003

PLACE ISSUED: CARVER

DATE ISSUED: OCTOBER 09, 2003

*Barbara A. Carter*  
STATE REGISTRAR

