## 01/23/15

## 01/23/2015



1036

Form PTO-1594 (Rev. 12-11)
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## RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Pla	ease record the attached documents or the new address(es) below.
Name of conveying party(les):	
Touchof Country	Name and address of receiving party(ies)  Additional names, addresses, or citizenship attached?  Yes
Magie	No U No
Individual(s) Association	The state of the s
Partnership Limited Partnership	
Corporation- State: 6-80/5/0	City: New York,
Hother Limit Celiability Company	State: NEW YORK 10036-7907
Citizenship (see guidelines)	Country: U.S zip: 10036-798?
Additional names of conveying parties attached? Yes N	Individual(s) Citizenship
	Association Citizenship
3. Nature of conveyance/Execution Date(s):	Partnership Citizenship
Execution Date(s) 2-6-14	Limited Partnership Citizenship
Assignment Merger	Corporation Citizenship  Other LL Citizenship D CIA City
Security Agreement Change of Name	If assignee is not domiciled in the United States, a domestic
Other	representative designation is attached: Yes No (Designations must be a separate document from assignment)
76431294  C. Identification or Description of Trademark(s) (and Filing	Additional sheet(s) attached? Yes No  Date if Application or Registration Number is unknown):
5. Name & address of party to whom correspondence	
concerning document should be malled: Name: Howe Law Firm, P. C.	6. Total number of applications and registrations involved:
Internal Address:	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 65
Street Address: 4385 Kimball Bridge Bod, Suide 100	Authorized to be charged to deposit account Enclosed
City: Alpharedta	8. Payment Information:
State: GA zip: 30022	
Phone Number: 678-566-6800	
Docket Number:	Deposit Account Number 91/24/2015 KWRIYEN1 00000000 35/471304
Email Address: Fhowe Ohowelawan pc	01/24/2815 KNGUYEN1 00000082 86431294  Co Authorized User Name 91 FC-4521 48 88 88
9. Signature:	02 FC://522/6~/5 25.00 OP
Signature Signature	Date
(Kicharl Howe	Total number of pages including cover sheet, stischments, and document;
Name of Person Signing	Bridge ( Strown rights, 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 22373-1450

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		Regina B. I	МсІлтуте	
UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS	·	Barrow Co	unty Clerk of Supo	erior Court
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141			,	
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolferski	uwer.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 248	S13 - QUAD-C			•
CT Lien Solutions P.O. Box 29071	46234374			
	GAGA			
	<b>,</b>	•		
File with: Barrow, GA	THE A	ABOVE SPACE IS F	OR FILING OFFICE U	ISE ONLY
DEBTOR'S NAME: Provide only one Debtor name (1s or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check hore	e exact, full name; do not omit, modify, or abbrevia nd provide the individual Dabtor information in Itor	ate any part of the Dobte m 10 of the Financing Si	or's name); If any part of the	o Individual Debtor's UCC1Ad)
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c. MAILING ADDRESS				
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	Cleveland	GA_	30528	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2h) (use name will not fit in line 2b, leave all of item 2 blank, check here nr	e exact, full name; do not emit, modify, or abbrevia nd provide the individual Debter information in iter FIRST PERSONAL NAME	m 10 of the Financing St	or's name); if any part of the atoment Addendum (Form ONAL NAME(S)(NITIAL(B)	Individual Debtor's UCC1Ad) SUFFIX
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A. NAME & PHONE OF CONTACT AT FILER (optional)	·		, 1			
Phone: (800) 331-3282 Fax: (818) 662-4141			f			
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glandale_Customer_Service@wol	Marriel III III					
C. SEND ACKNOWLEDGMENT TO: (Name and Address	) DAGAGE COM					
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CT Lien Solutions P.O. Box 29071	41958	380				
Glendale, CA 91209-9071	GAGA					
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File with: Barrow, GA			THE ABOVE	SPACE IS E	OR FILING OFFICE U	DE ÓNI V
DIVIDIAL FINANCING STATEMENT FILE NUMBER 07-2014-003315 2/6/2014 CC GA Barrow	·	1	b. This FINANCING ST	ATEMENT A	MENDMENT is to be filed (	
+ CONTROL OF THE CONT			filer: attach Amendmen	REAL ESTAT	E RECORDS	
TERMINATION: Effectiveness of the Financing Statement Statement	nt Identified above Is	terminal <b>od</b> with i	espect to the security intere	si(s) of Secu	red Party authorizing this T	omination
ASSIGNMENT (full or partial): Provide name of Assignee	in item 7a or 7b, en	ed address of Ass	knies in item 7ć and name	of Assignation	Hom 0	
The same also	Indicata auecieo co	Pilatorar in item 8				
CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable	ant identified above	with respect to th	socurity interesi(s) of Soc	ured Perly au	Inorizing this Continuation	Statement is
PARTY INFORMATION CHANGE:			*			
Check one of these two boxes:	AND Check pag o				•	
This Change affects Debtor or Secured Party of record	EMANG Horri 68	E name and/or odd or 8b; <u>and</u> illom 7a	Imss: Complete or 7b and item 7c 7e or	name: Compl 7b, and ilom	oto itom DELETE name	Give record . Item 8a or 8b
CURRENT RECORD INFORMATION; Complete for Party Info	rmation Change - p	rovide only <u>one</u> n	ame (69 or 6b)	***		
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Gb. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	Appmo	NAL NAME(BY/NITIALIS)	SUFFIX
CHANGED OR ADDED INFORMATION; Complete for Assignment of Tail ORGANIZATION'S NAME	or Party Information Chang	gn - provida only <u>ono</u>	nome (7e or 7b) (use exact, full no	me; do not omit, n	nodily, or abbreviate any part of the	Debior's nema)
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7b. INDIVIDUAL'S SIJRNAME	· · · · · · · · · · · · · · · · · · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·			
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INDIVIDUAL'S FIRST PERSONAL NAME			,	,		
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:						BOFFIX
MAILING ADDRESS		CITY		STATE	POSTAL CODE	
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Prepared by CT Linn Solutions, P.O. Box 29071, Glendale, CA 91209-8071 Tel (800) 331-3282

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			Regina B. N	•	
UCC FINANCING STATEMENT			Barrow Co.	inty Clerk of Supe	rior Court
A. NAME & PHONE OF CONTACT AT FILER (optional)					
Phone: (800) 331-3282 Fax: (818) 662-4141  B. E-MAIL CONTACT AT FILER (optional)					
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C. SEND ACKNOWLEDGMENT TO: (Name and Address	i) 24613 - QUAD-C				
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P.O. Box 29071 Glendale, CA 91209-9071					
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File with: Barrow, GA DEBTOR'S NAME: Provide only gne Debtor name (1a or	1h) tree event full according to	THE ABOV	E SPACE IS F	OR FILING OFFICE U	SE ONLY
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**RECORDED: 01/23/2015**