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Form P(10)1594 (Rev. 12-11)

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To the Director eithe U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.	
1. Name of conveying party(ies): WELLS Favgo Bank, NA Mac #0615 - 032	2. Name and address of receiving party(ies)  Additional names, addresses, or citizenship attached?  No
200 B ST, STE 300	Name: 1 VINEYORDS and Winery, L.F.
SANTA ROSA, CA 95401  Individual(s) Association	Street Address: 11447 Old Redwood HWY
Partnership Limited Partnership	city: Healds burg
Corporation- State: CALIFORNIA	State: CALIFORNIA J
Other_	Country: USA zip: 95448
Citizenship (see guidelines)	Individual(s) Citizenship
Additional names of conveying parties attached? Yes No	Association Citizenship
3. Nature of conveyance/Execution Date(s):	Partnership Citizenship
Execution Date(s) 4-9-10	Corporation Citizenship
Assignment Merger	Other Citizenship
☐ Security Agreement ☐ Change of Name ☐ Other Release	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)
4. Application number(s) or registration number(s) and A. Trademark Application No.(s)  Text	B. Trademark Registration No.(s) 1820781, 1735792
C. Idantification or Description of Trademork(s) (and Filing	Additional sheet(s) attached? Yes No
C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):	
5. Name & address of party to whom correspondence concerning document should be mailed:  Name: Dello Faran Bank, NA	6. Total number of applications and registrations involved:
Internal Address: AHN: Kristin Tullio  MOCC - C+300-033	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 80
Street Address: 1700 Lincoln ST 3rd Floor	Authorized to be charged to deposit account Enclosed
city: Denver	8. Payment Information:
State: (D Zip: 80703	02/12/2015 KNGUYEN1 00000004 1820781
Phone Number: 303 - 863 - S671	Deposit Account Number 40 BB AB AB
Docket Number:	
Email Address: Kristina Tullic O Wells Fargo	CDM Authorized oser Hame
9. Signature:	2-9-10
Signature	Date
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

TRADEMARK
REEL: 005460 FRAME: 0006



February 11, 2015

**USPTO** 

**Trademark Division** 

RE: J Vineyards and Winery, LP

To Whom it May Concern,

The Commitment between Wells Fargo Bank, N.A. and J Vineyards and Winvery. has been paid in full. Please release the trademarks indicated for this customer.

Regards,

Edgar Zarate

Assistant Vice President, Loan Administration Manager

303-863-6115

Together we'll go far



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