

04/28/2015

S. DEPARTMENT OF COMMERCE  
States Patent and Trademark Office

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To the Director of the U. S. Patent and Trademark Office: Please record the following information or the new address(es) below.

1. Name of conveying party(ies):

Brian Wildman  
Jim Kirotff

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

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

3. Nature of conveyance/Execution Date(s) :

Execution Date(s) \_\_\_\_\_

- Assignment
- Security Agreement
- Other \_\_\_\_\_
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached?  Yes  No

Name: Maria Jacobs

Street Address: 4236 Brixton Dr

City: Stow, OH

State: Ohio

Country: United States Zip: 44224

- Individual(s) Citizenship United States
- Association Citizenship \_\_\_\_\_
- Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship \_\_\_\_\_
- Other \_\_\_\_\_ Citizenship \_\_\_\_\_

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 identification or description of the Trademark.

A. Trademark Application No.(s) \_\_\_\_\_

85939335

Text

B. Trademark Registration No.(s) \_\_\_\_\_

4,696,616

Additional sheet(s) attached?  Yes  No

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

MARIA JACOBS

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Maria Jacobs

Internal Address: \_\_\_\_\_

Street Address: 4236 Brixton Dr

City: Stow

State: Ohio Zip: 44224

Phone Number: (310)251-3441

Docket Number: \_\_\_\_\_

Email Address: iwarble2@gmail.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

See Attached

Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

9. Signature:

Maria Jacobs  
Signature

4/2/15  
Date

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

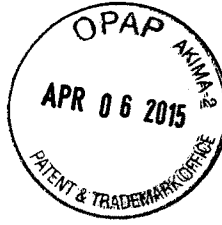
Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

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April 1, 2015



USPTO  
P.O. Box 1450  
Alexandria, VA 22313-1450

The two following parties, Brian Wildman and Jim Kiroff, do hereby grant all rights to the trademark MARIA JACOBS – 85939335 – to Maria Jacobs...4236 Brixton Drive Stow, OH 44224 – (310) 251-3441 [iwarble2@gmail.com](mailto:iwarble2@gmail.com). Please see signatures below.

Please mail any correspondence regarding the aforementioned, to Maria Jacobs at this mailing address, and/or email.

A handwritten signature in cursive script, appearing to read "Brian Wildman".

Brian Wildman

A handwritten signature in cursive script, appearing to read "Jim Kiroff".

Jim Kiroff

A handwritten signature in cursive script, appearing to read "Maria Jacobs".

Maria Jacobs  
4236 Brixton Dr.  
Stow, OH 44224  
[iwarble2@gmail.com](mailto:iwarble2@gmail.com)  
310-251-3441