

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM357117

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Robert Cummings Estate-Cynthia Bongiovanni Administrator		10/01/2015	ESTATE: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Robert Cummings Estate		
Street Address:	16652 Dolores Lane Apt #2		
City:	Huntington Beach		
State/Country:	CALIFORNIA		
Postal Code:	92649		
Entity Type:	ESTATE: CALIFORNIA		
Composed Of:	• cynthia bongiovanni, UNITED STATES, INDIVIDUAL		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2946629	ESSENTUALE	
CORRESPONDENCE DATA			
Fax Number:			
<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>			
Phone:	714-936-9000		
Email:	cindybongiovanni@gmail.com		
Correspondent Name:	Cynthia Bongiovanni, EstateAdministrator		
Address Line 1:	16652 dolores lane apt. #2		
Address Line 4:	Huntington Beach, CALIFORNIA 92649		
NAME OF SUBMITTER:	Cynthia Bongiovanni		
SIGNATURE:	/Cynthia Bongiovanni/		
DATE SIGNED:	10/01/2015		
Total Attachments: 4			
source=Copy of Death Cert#page1.tif			
source=CUMMINGS, ROBERT-PR-LETTERS OF ADMIN ISSUED BY COURT 5-19-15#page1.tif			
source=CUMMINGS, ROBERT-PR-TAX ID_ LETTER FROM IRS 5-22-15#page1.tif			

OP \$40.00 2946629

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

3052015014244

CERTIFICATE OF DEATH

3201530001095

Form containing decedent information (Name: ROBERT CUMMINGS, DOB: 10/03/1955), informant information (Name: RICHARD CUMMINGS, FATHER), cause of death (AT SEA OFF ORANGE COUNTY, CA COASTLINE), and registrar information (Name: LARRY J ESSLINGER, Date: 01/15/2015).

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA
COUNTY OF ORANGE

DATE ISSUED January 30, 2015

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Signature of Eric G. Handler, M.D., Health Officer, Orange County, California



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

TRADEMARK

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state number, and address): 949-851-1771 TELEPHONE AND FAX NOS.: 949-851-1775

DAVID L. CROCKETT SB#046632
 DAVID L. CROCKETT, ATTORNEY
 CROCKETT LAW CORPORATION
 901 DOVE STREET, SUITE 120
 NEWPORT BEACH, CA 92660

ORANGE COUNTY SUPERIOR COURT
RECEIVED
 BUT NOT FILED
 MAY 14 2015

ATTORNEY FOR (Name): CYNTHIA BONGIOVANNI, PETITIONER

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE

STREET ADDRESS: 700 CIVIC CENTER DRIVE WEST
 MAILING ADDRESS: 700 CIVIC CENTER DRIVE WEST
 CITY AND ZIP CODE: SANTA ANA, CA 92701
 BRANCH NAME: CENTRAL JUSTICE CENTER

ALAN CARLSON, Clerk of the Court
 BY: C. MORA, DEPUTY

ESTATE OF (Name): ESTATE OF ROBERT CUMMINGS, DECEASED

DECEDENT

FOR COURT USE ONLY

FILED
 SUPERIOR COURT OF CALIFORNIA
 COUNTY OF ORANGE
 CENTRAL JUSTICE CENTER

MAY 19 2015

ALAN CARLSON, Clerk of the Court
 BY: R. VEYNA, DEPUTY

LETTERS

TESTAMENTARY OF ADMINISTRATION
 OF ADMINISTRATION WITH WILL ANNEXED SPECIAL ADMINISTRATION

CASE NUMBER:
 30-2015-00776481 - PR-PL-CJC

LETTERS

1. The last will of the decedent named above having been proved, the court appoints (name):
 CYNTHIA BONGIOVANNI
 a. executor.
 b. administrator with will annexed.

2. The court appoints (name):
 a. administrator of the decedent's estate.
 b. special administrator of decedent's estate
 (1) with the special powers specified in the Order for Probate.
 (2) with the powers of a general administrator.
 (3) letters will expire on (date):

3. The personal representative is authorized to administer the estate under the Independent Administration of Estates Act with full authority with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).

4. The personal representative is not authorized to take possession of money or any other property without a specific court order.

AFFIRMATION

1. PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).

2. INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.

3. INSTITUTIONAL FIDUCIARY (name):
 I solemnly affirm that the institution will perform the duties of personal representative according to law.
 I make this affirmation for myself as an individual and on behalf of the institution as an officer.
 (Name and title):
 CYNTHIA BONGIOVANNI


4. Executed on (date): 4/16/15
 at (place): COSTA MESA, California.



 (SIGNATURE)
 CYNTHIA BONGIOVANNI

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.

Date: MAY 19 2015
 Clerk, by: ALAN CARLSON

 (DEPUTY)
 RUTHIE VEYNA

(SEAL) Date: MAY 19 2015
 Clerk, by: 
 (DEPUTY)
 RUTHIE VEYNA



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 05-22-2015

Employer Identification Number:
47-7044155

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933

ROBERT CUMMINGS ESTATE
CYNTHIA BONGIOVANNI ADM
2855 PINECREEK DR APT E107
COSTA MESA, CA 92626

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-7044155. This EIN will identify your estate or trust. If you are not the applicant, please contact the individual who is handling the estate or trust for you. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1041

04/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

TRADEMARK
REEL: 005635 FRAME: 0743



EIN Assistant

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details 5. EIN

Summary of your information

Please review the information you are about to submit. If any of the information below is incorrect, you will need to [start a new application](#).

Click the "Submit" button at the bottom of the page to receive your EIN.

Organization Type: Estate

Estate Information

Legal name:	ROBERT CUMMINGS ESTATE
County:	ORANGE
State/Territory:	CA
Date created/funded/probated:	JANUARY 2015
Closing month of accounting year:	DECEMBER

Addresses

Mailing Address:	2855 PINECREEK DR APT E107 COSTA MESA CA 92626 UNITED STATES
Phone Number:	714-936-9000

Deceased Person

Name:	ROBERT CUMMINGS
SSN/ITIN	XXX-XX-3544

Responsible Party

Name:	CYNTHIA BONGIOVANNI ADM
SSN/ITIN:	XXX-XX-1448

Additional Estate Information

Has employees who receive Forms W-2:	NO
--------------------------------------	----

We strongly recommend you print this summary page for your records as this will be your only copy of the application. You will not be able to return to this page after you click the "Submit" button.