

01/09/2017

DEPARTMENT OF COMMERCE
Patents and Trademark Office

12/29/16

RECORDED
TRADemark



103676566

To the Director of the U. S. Patent and Trademark Office, or to the address(es) below.

1. Name of conveying party(ies):

Carolyn BRAZIL

- ☒ Individual(s) ☐ Association
☐ Partnership ☐ Limited Partnership
☐ Corporation- State: _____
☐ Other _____

Citizenship (see guidelines) US

Additional names of conveying parties attached? ☐ Yes ☒ No

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

Execution Date(s) December 16, 2016

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? ☐ Yes ☒ No

Name: LPI, Inc.

Street Address: 506 Twin Oaks Drive

City: Johnson City

State: Tennessee

Country: US Zip: 37601

- ☐ Individual(s) Citizenship _____
☐ Association Citizenship _____
☐ Partnership Citizenship _____
☐ Limited Partnership Citizenship _____
☒ Corporation Citizenship Tennessee US
☐ 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) _____ Text _____

B. Trademark Registration No.(s)

4,730,833; 4,730,834; 4,781,193; 4,963,699

Additional sheet(s) attached? ☐ Yes ☒ No

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

"Catalina Spas" "Catalina Swims spas N Pools" "Catalina Swim Spas" "Catalina Pools"

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

Name: Loyal M. Hanson

Internal Address: Hanson Law Corporation

Street Address: P.O. Box 430

City: Fallbrook

State: California Zip: 92088-0430

Phone Number: (760) 723-0620

Docket Number: 2183 - 2184 - 2189 - 2198

Email Address: LoyalHanson@roadrunner.com

6. Total number of applications and registrations involved:

four (4)

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 115.00

- ☒ Authorized to be charged to deposit account
☐ Enclosed

8. Payment Information:

Deposit Account Number 08,0628

Authorized User Name Loyal M. Hanson

9. Signature:

Loyal M. Hanson
Signature

Loyal M. Hanson

Name of Person Signing

23 December 2016

01/10/2017 RECEIVED1 00000003 080628 4730833
Total number of pages including cover sheet, attachments and document: 75
02 FC:0322

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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OPAP.
JAN 06 2017

TRADEMARK
REEL: 005961 FRAME: 0380

Trademark Assignments

WHEREAS, Carolyn Brazil, an individual with a postal mailing address of 275 West Rider Street, Perris, California 92571 (hereinafter the "ASSIGNOR"), is the owner of the U.S. trademark registrations identified as follows:

U.S. Certificate of Registration No. 4,730,833; registered May 5, 2015,
for "CATALINA SPAS"; Application Serial No. 86/374,805; Filed 08/22/2014

U.S. Certificate of Registration No. 4,730,834; registered May 5, 2015,
for "CATALINA SWIMSPAS N POOLS"; Application Serial No. 86/374,832; Filed 08/22/2014

U.S. Certificate of Registration No. 4,781,193; registered 07-28-2015,
for "CATALINA SWIM SPAS"; Application Serial No. 86/464,459; Filed 11/25/2014

U.S. Certificate of Registration No. 4,963,699; registered May 24, 2016,
for "CATALINA POOLS"; Application Serial No. 86/755,052; Filed 09-12-2015

WHEREAS, LPI, Inc., a Tennessee corporation with a postal mailing address of 506 Twin Oaks Drive, Johnson City, Tennessee 37601 (hereinafter the "RECIPIENT"), desires to acquire ownership of said trademark registrations;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledge by the undersigned, the ASSIGNOR does hereby assign to RECIPIENT all right, title, and interest in and to said trademark registrations, and the trademarks identified thereon, together with the good will of the business symbolized by such trademarks.

The Commissioner of Patents and Trademarks is requested to record this Assignment of rights and trademark registrations in favor of the RECIPIENT.

IN WITNESS WHEREOF, ASSIGNOR has executed on this document on December 16, 2016.

Insert Day

**SEE ATTACHED
NOTARY FORM**

Signed Carolyn Brazil
Carolyn Brazil

[This document must be signed in the presence of a Notary Public]

**TRADEMARK
REEL: 005961 FRAME: 0381**

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Riverside

On 12.16.16 before me, Autiana Bryce Shropshire, Notary Public,
(Here insert name and title of the officer)

personally appeared CAROLYN BRAZIL

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

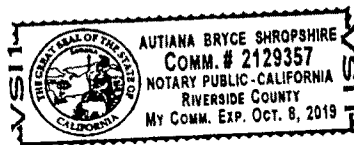
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Autiana Bryce Shropshire

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Trademark assignments
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 12.16.16

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document