

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM626961

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Michele Miller		02/18/2021	INDIVIDUAL:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Michele Williamson		
<b>Street Address:</b>	1521 Trading Post Court		
<b>City:</b>	Cool		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	95614		
<b>Entity Type:</b>	INDIVIDUAL: UNITED STATES		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4660209	PIRATES IN PARIS	
<b>Registration Number:</b>	4487351	PIRATES IN PARIS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>			
<b>Email:</b>	larry@lringlaw.com		
<b>Correspondent Name:</b>	Lawrence Ring		
<b>Address Line 1:</b>	12150 Herdal Drive		
<b>Address Line 4:</b>	Auburn, CALIFORNIA 95603		
<b>NAME OF SUBMITTER:</b>	Lawrence T. Ring		
<b>SIGNATURE:</b>	/Lawrence Ring/		
<b>DATE SIGNED:</b>	02/18/2021		
<b>Total Attachments: 1</b>			
source=Marriage Certificate#page1.tif			

OP \$65.00 4660209

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
 PLACERVILLE, CALIFORNIA

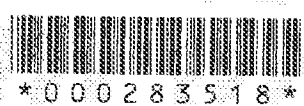
**LICENSE AND CERTIFICATE OF MARRIAGE**  
 MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS  
 USE DARK INK ONLY

420180900633  
 LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1A. FIRST NAME <b>DONALD</b>		1B. MIDDLE <b>RICHARD</b>	
1C. CURRENT LAST <b>WILLIAMSON</b>		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) <b>-</b>	
2. DATE OF BIRTH (MONTH/DAY/YY) <b>04/06/1961</b>	3. STATE/COUNTRY OF BIRTH <b>NEW YORK</b>	4. PREFIX, AKA/PSEUDONYM <b>1</b>	5E. LAST MARRIAGE(S) ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM EXPIRED (DATE) <b>08/14/2002</b>
6. ADDRESS <b>1521 TRADING POST CT</b>		7. CITY <b>COOL</b>	8. ZIP CODE <b>CALIFORNIA 95614</b>
10A. FULL BIRTH NAME OF FATHER/PARENT <b>DONALD JOHN WILLIAMSON</b>		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>NEW YORK</b>	
11A. FULL BIRTH NAME OF MOTHER/PARENT <b>GLORIA DIANE COOK</b>		11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>NEW YORK</b>	
12A. FIRST NAME <b>MICHELE</b>		12B. MIDDLE <b>MARIE</b>	
12C. CURRENT LAST <b>MILLER</b>		12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C) <b>NEAGLES</b>	
13. DATE OF BIRTH (MONTH/DAY/YY) <b>09/07/1963</b>	14. STATE/COUNTRY OF BIRTH <b>CALIFORNIA</b>	15. PREFIX, AKA/PSEUDONYM <b>1</b>	16A. LAST MARRIAGE(S) ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM EXPIRED (DATE) <b>10/22/2010</b>
17. ADDRESS <b>1521 TRADING POST CT</b>		18. CITY <b>COOL</b>	19. ZIP CODE <b>CALIFORNIA 95614</b>
20A. FULL BIRTH NAME OF FATHER/PARENT <b>RICHARD MICHAEL NEAGLES</b>		20B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>CALIFORNIA</b>	
20C. FULL BIRTH NAME OF MOTHER/PARENT <b>JUDITH ELAINE BLASC</b>		20D. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>CALIFORNIA</b>	
WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOW TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUESTED BY FAMILY CODE SECTION 368 AND HEREBY APPLY FOR A LICENSE AND SIGNATURE OF MARRIAGE.			
21. SIGNATURE OF PERSON LISTED IN FIELD 1A-1D <i>[Signature]</i>		21. SIGNATURE OF PERSON LISTED IN FIELD 1E-1D <i>[Signature]</i>	
I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SWORN BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND SHE/HE HAS THE PHYSICAL INCAPACITY TO SIGN. THE PARTIES PRESENTED TO ME ON THE BASIS OF CERTAINABLE EVIDENCE TO BE THE PERSONS CLAIMED. HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE MET THE TESTS PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON ONLY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. NOTARIAL COMMISSION AND APPROVAL FOR THE ISSUANCE OF THIS LICENSE 225C OR 226.			
22A. ISSUE DATE (MONTH/DAY/YY) <b>08/13/2018</b>	22B. EXPIRES AFTER (MONTH/DAY/YY) <b>11/31/2018</b>	22C. NAME OF COUNTY CLERK <b>William Schultz</b>	22D. SIGNATURE OF CLERK OR DEPUTY CLERK <i>[Signature]</i>
23A. MARRIAGE LICENSE NUMBER <b>18-0000630-00</b>	23B. COUNTY OF ISSUE <b>El Dorado</b>	23C. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS) <b>360 Fair Lane Placerville CA 95667</b>	
24A. SIGNATURE OF PARTNER <i>[Signature]</i>		24B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) <b>Colo Ladd</b>	
25A. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>1820 Shaver Rd Cool Ca 95014</b>		25B. SIGNATURE OF WITNESS <i>[Signature]</i>	
26A. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>1820 Shaver Rd Cool Ca 95614</b>		26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) <b>Dave Ladd</b>	
I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.			
27A. DATE OF MARRIAGE (MONTH/DAY/YY) <b>09/08/2018</b>	27B. CITY/TOWN OF MARRIAGE <b>EL DORADO HILLS</b>	27C. COUNTY OF MARRIAGE <b>EL DORADO</b>	
28A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE <i>[Signature]</i>		28B. RELIGIOUS DESIGNATION (IF ANY) <b>-</b>	
29A. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY) <b>Anna Cordova</b>		29B. OFFICIAL TITLE <b>DEP COMA MARR</b>	
30A. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>10951 MERITAGE DRIVE, RANCHO CORDOVA CA 95670</b>			
31A. FIRST - MUST BE SAME AS 1A <b>MICHELE</b>		31B. MIDDLE <b>MARIE</b>	31C. LAST <b>WILLIAMSON</b>
32A. NAME OF LOCAL REGISTRAR <b>William Schultz</b>		32B. SIGNATURE OF CLERK OR DEPUTY CLERK <i>[Signature]</i>	32C. DATE ACCEPTED FOR REGISTRATION <b>09/13/2018</b>

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS VS-117 (01/01/2015)

CERTIFIED COPY OF VITAL RECORDS  
 STATE OF CALIFORNIA }  
 COUNTY OF EL DORADO } SS DATE ISSUED  
**SEP 13 2018**



This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY RECORDER-CLERK.

*William E. Schultz*  
 EL DORADO COUNTY RECORDER-CLERK

