

FORM PTO-1618A
Expires 06/30/99
OMB 0651-0027

05-02-2000

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK



APR 12 PM 2:11

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OPR/FINANCE RECORDATION FORM COVER SHEET
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TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New

Resubmission (Non-Recordation)
Document ID # _____

Correction of PTO Error
Reel # _____ Frame # _____

Corrective Document
Reel # _____ Frame # _____

Conveyance Type

Assignment License

Security Agreement Nunc Pro Tunc Assignment

Merger

Change of Name

Other _____

Effective Date
Month Day Year

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
May 5 94

Name James L. Thorneburg

Formerly _____

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization United States of America

Receiving Party

Mark if additional names of receiving parties attached

Name James L. Throneburg

DBA/AKA/TA _____

Composed of _____

Address (line 1) 2210 Newton Drive

Address (line 2) Post Office Box 5399

Address (line 3) Statesville

North Carolina

28677-5399

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization United States of America

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

05/01/2000 BCDATES 00000167 1594303

FOR OFFICE USE ONLY

01 FC:481 40.00 OP
02 FC:482 25.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20503

REEL: 002066 FRAME: 0138

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text" value="1,594,303"/>	<input type="text" value="1,604,735"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

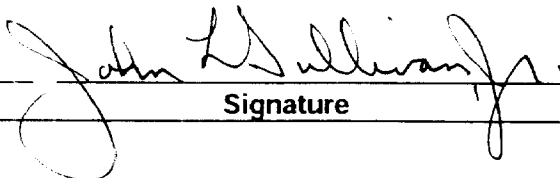
No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

John L. Sullivan, Jr.

Name of Person Signing



Signature

April 5, 2000

Date Signed

STATE OF NORTH CAROLINA
In The General Court of Justice

CERTIFICATE OF
TRUE COPY

IREDELL County

Office of the Clerk of the Superior Court

As Clerk of the Superior Court of this County, which is a Court of Record, having an official seal, which is affixed,
do certify the attached One (1) sheet(s) to be a True Copy of **ORDER AND CERTIFICATE OF NAME CHANGE**

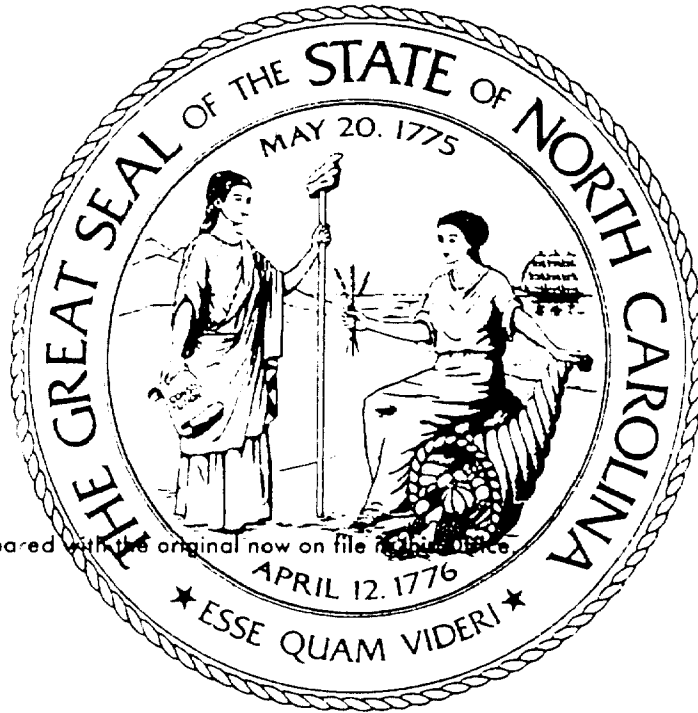
91 SP 127

FROM:

JAMES LEWIS THORNEBURG

TO:

JAMES LEWIS THRONEBURG



as the same is taken from and compared with the original now on file in this Office.

Witness my hand and the seal of the Superior Court

SEAL

Date	MAY 5, 1994
Clerk of Superior Court	BETTY JEAN M. BAITY
Signature	<i>Betty Jean M. Baity</i>
<input checked="" type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk of Superior Court	

STATE OF NORTH CAROLINA		File No. 01SP 127
IREDELL County		Film No. 91-18-181
In The Matter of the Change of Name		ORDER AND CERTIFICATE OF NAME CHANGE G.S. 101.5
Of:	JAMES LEWIS THORNEBURG	
To:	JAMES LEWIS THORNEBURG	
<p>From the application in the matter named above, the Court finds that good and sufficient reason exists for the change of name, that the party is entitled and not disqualified to have his name changed, and that the provisions of G.S. 101.5 have been complied with;</p> <p>The Court further finds that the following information appears on the birth certificate of the party whose name is to be changed:</p>		
Full Name at Birth JAMES LEWIS THORNEBURG		Date of Birth February 25, 1937
City, County and State of Birth Statesville, Iredell County, North Carolina		
Full Name of Father Lewis Leonard Thorneburg		Maiden Name of Mother Philbeck
It is THEREFORE ORDERED that the name of the party be changed.		
From: JAMES LEWIS THORNEBURG		To: JAMES LEWIS THORNEBURG
Attorney's Name and Address Cindy C. Heenan, Tucker, Hicks, Hodge and Cranford, P.A. 1308 East Fourth Street, Charlotte, NC 28204-2231		
SEAL	Date	5-31-91
	Signature	<i>David D. Fletch</i>
	<input checked="" type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk of Superior Court	
AOC-SP-601 Rev. 5-84	SBH Form 1053 Vital Records 5-84	

RECORDED: 04/12/2000

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REEL: 002066 FRAME: 0141