

07-14-2000



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OPM/PENANCE

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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
Effective Date
Month Day Year

Change of Name

Other

Conveying Party

Mark if additional names of conveying parties attached

Name Execution Date
Month Day Year

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City State/Country Zip Code

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship/State of Incorporation/Organization

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.)

07/13/2000 DNGUYEN 00000266 75582316

FOR OFFICE USE ONLY

01 FC:481 40.00 OP
02 FC:482 50.00 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. 20231

REEL: 002100 FRAME: 0128

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" value="75582316"/>	<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="2043956"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="2167951"/>	<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.

Eric D. Paulsrud, Esq.
Name of Person Signing


Signature

June 14, 2000
Date Signed

LP-5430

AMENDED AND RESTATED
CERTIFICATE OF LIMITED PARTNERSHIP
OF
JOBVIEW.COM, L.P.
(FKA INTUITIVE SOLUTIONS LIMITED PARTNERSHIP)

The undersigned, being the sole General Partner of Intuitive Solutions Limited Partnership, hereby executes this Amended and Restated Certificate of Limited Partnership pursuant to Minnesota Statutes Chapter 322A:

WHEREAS, a Certificate of Limited Partnership was filed with the Minnesota Secretary of State on February 8, 1993, for AppliedGraphics Limited Partnership (the "Limited Partnership");

WHEREAS, on March 2, 1995, the name of the Limited Partnership was changed to Intuitive Solutions Limited Partnership;

WHEREAS, the General Partner wishes to change the name of the Limited Partnership to Jobview.com, L.P.;

WHEREAS, the General Partner wishes to change the address of the office of the Limited Partnership and the address of the agent for service of process.


NOW, THEREFORE, the following amended and restated Certificate of Limited Partnership shall supersede and take the place of the existing Certificate of Limited Partnership:

1. **Name**. The name of the Limited Partnership is Jobview.com, L.P.
2. **Address**. The address of the office of the Limited Partnership is 15025 Glazier Avenue, Suite 402, St. Paul, Minnesota 55124
3. **Agent for Service of Process**. The name and address of the agent for service of process are Intuitive Solutions, Inc., 15025 Glazier Avenue, Suite 402, St. Paul, Minnesota 55124.
4. **General Partner**. The name and business address of the General Partner are as follows:

Intuitive Solutions, Inc.
15025 Glazier Avenue, Suite 402
St. Paul, Minnesota 55124
5. **Dissolution**. The limited partnership shall dissolve on the date provided in the Limited Partnership Agreement, which date will be no later than December 31, 2043.

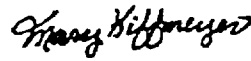
IN WITNESS WHEREOF, the undersigned has executed this Amended and Restated Certificate of Limited Partnership as of December 21, 1999.

INTUITIVE SOLUTIONS, INC.

By 
Robert F. Bro, President

STATE OF MINNESOTA
FILED -

DEC 23 1999


Secretary of State

