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To the Honorable Commissioner of Patents and Trademarks. Please return the attached original documents or copy thereof.

1. Name of conveying party(ies): 8-28-01
Local Silence, Inc.

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State California corporation
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies):

Name: Sleep Solutions, Inc.
Internal Address: Suite 101
Street Address: 2450 El Camino Real
City: Palo Alto State: CA ZIP: 94306

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State California corporation
 Other _____

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)
Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: May 8, 1998

4. Application number(s) or patent number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2,072,050 SILENT NIGHT
2,130,844 LOCAL SILENCE

Additional numbers attached? Yes No

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

Name: Wilson Sonsini Goodrich & Rosati
Internal Address: Attn: Trademark Docket

Street Address: 650 Page Mill Road

City: Palo Alto State: CA ZIP: 94304-1050

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 3.41) \$ 65.00

Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
23-2415 Attn: 13463-900
(Attach duplicate copy of this page if paying by deposit account)

08/31/2001 TDI AZ1 00000003 2072050

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

DO NOT USE THIS SPACE

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.

Terri Y. Chen
Name of Person Signing

August 24, 2001
Date

Total number of pages including cover sheet, attachments, and document: 1

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231



August 24, 2001

Box ASSIGNMENT FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

Re: REQUEST FOR RECORDATION OF CHANGE OF REGISTRANT NAME

Mark: SILENT NIGHT
Registration No.: 2,072,050
Original Registrant: Local Silence, Inc.
Filing Date: June 17, 1997
Attorney Docket No.: 13463-TM1001

Mark: LOCAL SILENCE
Registration No.: 2,130,844
Original Applicant: Local Silence, Inc.
Filing Date: January 20, 1998
Attorney Docket No.: 13463-TM1002

Dear Commissioner:

Enclosed for filing is a duly executed Recordation Form Cover Sheet to record the change of name of the company from Local Silence, Inc. to Sleep Solutions, Inc.

Also enclosed is a check made payable to the "Commissioner for Patents and Trademarks" in the amount of \$65.00 for the recording of the change of name. The Commissioner is authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 23-2415 ATTN: 13463-900.

**CERTIFICATE OF MAILING UNDER
37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231, on:

Maryanne Batinic
Print Name

August 24, 2001
Date of Deposit

Maryanne Batinic
Signature

08-24-01
Date



August 24, 2001

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Washington, D.C. 20231

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<u>Maryanne Batinic</u> Print Name	<u>August 24, 2001</u> Date of Deposit
<u>Maryanne Batinic</u> Signature	<u>08-24-01</u> Date

Box ASSIGNMENT FEE
August 24, 2001
Page 2

Please return the confirmation of the Change of Registrant Name with the stamped reel and frame numbers to the address shown below and please take note that all correspondence regarding the enclosed Change of Registrant Name and the related registration should be directed to:

Trademark Docket
Terri Y. Chen
Wilson Sonsini Goodrich & Rosati
Professional Corporation
650 Page Mill Road
Palo Alto, CA 94304
Telephone: (650) 493-9300
Facsimile: (650) 493-6811

I would appreciate your acknowledging receipt of the attached Recordation Form Cover Sheet, and check in the amount of \$65.00 for filing fees by stamping the enclosed postcard with the date received and returning it to me.

Thank you for your attention to this matter.

Very truly yours,

WILSON SONSINI GOODRICH & ROSATI
Professional Corporation



Alex Nanis
Paralegal

Enclosures

cc: Trademark Docket (w/encls.)