

FORM PTO-1595
(Rev. 6-93)

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U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

OMB No. 0651-0011 (exp. 4/94)

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

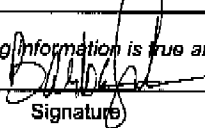
<p>1. Name of conveying party(ies):</p> <p>Smyth Companies, Inc.</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association</p> <p><input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership</p> <p><input checked="" type="checkbox"/> Corporation - State of Minnesota</p> <p><input type="checkbox"/> Other</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: G.G. McGuiggan Corp.</p> <p>Internal Address:</p> <p>Street Address: 1065 N. Snelling</p> <p>City: St. Paul State: MN ZIP: 55108</p> <p><input type="checkbox"/> Individual(s) citizenship</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> General Partnership</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input checked="" type="checkbox"/> Corporation - State of Minnesota</p> <p><input type="checkbox"/> Other</p> <p><small>If assignee is not domiciled in the United States, a domestic representative designation is attached.</small></p> <p><small>(Designations must be a separate document from assignment)</small></p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other</p> <p>Execution Date(s): January 2, 2001</p>	<p>4. Application number(s) or trademark number(s):</p> <p>A. Trademark Application No(s).</p> <p>B. Trademark No(s)</p> <p>2,579,449</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: OPPENHEIMER WOLFF & DONNELLY, LLP</p> <p>Barbara J. Grahn</p> <p>Internal Address: 3400 Plaza VII Building</p> <p>Street Address: 45 South Seventh Street</p> <p>City: Minneapolis State: MN ZIP: 55402</p> <p>Our File No.: 61-205</p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total Fee (37 CFR 3.41) \$40.00.</p> <p><input type="checkbox"/> Enclosed</p> <p><input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p><input checked="" type="checkbox"/> Authorized to charge any underpayment or credit any overpayment to deposit account.</p> <p>8. Deposit account number:</p> <p>50-1901</p> <p><small>(Attach duplicate copy of this page if paying by deposit account.)</small></p>
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9. 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.

Barbara J. Grahn  4/23/03

Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: **3**

Mail documents to be recorded with required cover sheet information to:
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FAX COVER LETTER**April 28, 2003**

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COMPANY: U.S. PTO
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FROM: Barbara J. Grahn
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RE:**COMMENTS:**

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