

1-31-92

RECORDATION FORM COVER SHEET
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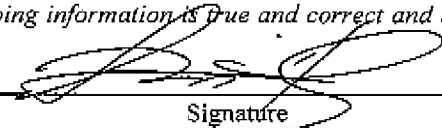
Patent and Trademark Office
Attorney Docket No: MAKE229721

To the Director - U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): Make-A-Wish Foundation of Western Pennsylvania</p> <p><input type="checkbox"/> Individuals <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <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): Name: <u>Make-A-Wish Foundation of America</u> Address: <u>3350 North Central Avenue, Suite 300</u></p> <p>City: <u>Phoenix</u> State: <u>AZ</u> ZIP: <u>85012</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association State of _____ <input type="checkbox"/> General Partnership State of _____ <input type="checkbox"/> Limited Partnership State of _____ <input checked="" type="checkbox"/> Corporation-State <u>State of Arizona</u> <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designation must be a separate document from Assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p> <p>Execution date: <u>May 27, 2003</u></p>	<p>4. Application number(s) or registration number(s): A. Trademark Application No(s). B. Trademark Registration No(s). <u>2,299,801</u></p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed.</p> <p>Seann W. Hallisky, Esq. CHRISTENSEN O'CONNOR JOHNSON KINDNESS^{PLLC} 1420 Fifth Avenue Suite 2800 Seattle, WA 98101-2347 206.682.8100</p>	<p>6. Total number of applications and registrations involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41):.....\$ <u>40.00</u></p> <p>8. The Director is authorized to charge fees in the amount of \$40.00, or any additional amount that may be required to complete the recordal of Assignment or credit any overpayment, to Deposit Account No. 03-1740.</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.

Seann W. Hallisky  6/17/03
Name of Attorney or Agent Signature Date

Registration No.
Direct Dial 206.695.1748 Total number of pages including cover sheet, attachments and document: 2

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

I hereby certify that this correspondence is being deposited via facsimile to fax number 703.306.5995, Director of the U.S. Patent and Trademark Office, BOX Assignment, on the below date.

Date: June 17, 2003
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