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TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
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(Rev. 10/02)
OMB No. 0651-0027 (exp. 6/30/2005)
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Marie Altmann LeDoux dba Play 'N Talk

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

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

2. Name and address of receiving party(ies)
Name: Waltco Enterprises, Inc.
Internal
Address: _____
Street Address: 6236 Los Naranjos Court
City: Rancho Santa Fe State: CA Zip: 92067

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State California
 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: 9/7/2003

4. Application number(s) or registration number(s):
 A. Trademark Application No.(s) _____

B. Trademark Registration No.(s) 1,422,785

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: Randall S. Polcyn
 Internal Address: Suite 1600

 Street Address: Fisher Thurber LLP
4225 Executive Square
 City: La Jolla State: CA Zip: 92037

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:

DO NOT USE THIS SPACE

9. Signature.
Randall S. Polcyn *Randall S. Polcyn* 9/11/2003
 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:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

10/16/2003 LNUELLER 00000151 1422785
01 FC:8521 40.00 DP

TRADEMARK
REEL: 002845 FRAME: 0441

ASSIGNMENT OF TRADEMARK

WHEREAS, MARIE ALTMANN LEDOUX DBA PLAY 'N TALK
(Name of Assignor)

of 7105 MANZANITA, CARLSBAD, CALIFORNIA 92008
(Address)

has adopted, used and is using a trademark which is registered

No. 1,422,785 dated December 30, 1986; and

WHEREAS,

WALTCO ENTERPRISES, INC. (a California corporation)
(Assignee)

of 6236 LOS NARANJOS COURT, RANCHO SANTA FE, CALIFORNIA 92067
(Address)

is desirous of acquiring said registered trademark;

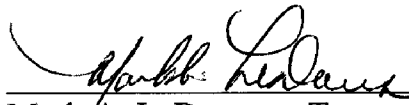
NOW THEREFORE, for good valuable consideration, the receipt of which is hereby

acknowledged, said MARIE ALTMANN LEDOUX DBA PLAY 'N TALK
(Assignor)

does hereby assign to the said WALTCO ENTERPRISES, INC. all of
(Assignee)

Assignor's right, title, and interest in and the trademark goodwill of the business symbolized
thereby.

DATED: September 7, 2003


Mark A. LeDoux, as Trustee of the Marie
Altmann LeDoux Family Trust dated
December 12, 1992

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200137 019243

STATE FILE NUMBER _____ USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS LOCAL REGISTRATION NUMBER _____

1. NAME OF DECEDENT—FIRST (GIVEN) **MARIE** 2. MIDDLE **ALTMANN** 3. LAST (FAMILY) **LE DOUX**

4. DATE OF BIRTH **09/09/1916** 5. AGE YRS. **85** 6. SEX **F** 7. DATE OF DEATH **12/10/2001** 8. HOUR **1800**

9. STATE OF BIRTH **IA** 10. SOCIAL SECURITY NO. **479-05-2459** 11. MILITARY SERVICE YES NO UNK 12. MARITAL STATUS **WIDOWED** 13. EDUCATION—YEARS COMPLETED **14**

14. RACE **CAUCASIAN** 15. HISPANIC—SPECIFY YES NO 16. USUAL EMPLOYER **PHONICS COMPANY**

17. OCCUPATION **OWNER** 18. KIND OF BUSINESS **PHONICS** 19. YEARS IN OCCUPATION **15**

20. RESIDENCE—(STREET AND NUMBER OR LOCATION) **7105 MANZANITA**

21. CITY **CARLSBAD** 22. COUNTY **SAN DIEGO** 23. ZIP CODE **92009** 24. YRS IN COUNTY **25** 25. STATE OR FOREIGN COUNTRY **CA**

26. NAME, RELATIONSHIP **MARK LE DOUX, SON** 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) **P.O. BOX 9376, RANCHO SANTA FE, CA 92067**

28. NAME OF SURVIVING SPOUSE—FIRST _____ 29. MIDDLE _____ 30. LAST (MAIDEN NAME) _____

31. NAME OF FATHER—FIRST **JOSEPH** 32. MIDDLE _____ 33. LAST **ALTMANN** 34. BIRTH STATE **GER**

35. NAME OF MOTHER—FIRST **ISABELLE** 36. MIDDLE _____ 37. LAST (MAIDEN) **RULLHUSEN** 38. BIRTH STATE **IL**

39. DATE M/M/DD/CY **12/15/2001** 40. PLACE OF FINAL DISPOSITION **ETERNAL HILLS MEMORIAL PARK, OCEANSIDE, CA 92054**

41. TYPE OF DISPOSITION(S) **BU** 42. SIGNATURE OF EMBALMER *Bruce A. Reed* 43. LICENSE NO. **8449**

44. NAME OF FUNERAL DIRECTOR **ETERNAL HILLS MORTUARY** 45. LICENSE NO. **FD-234** 46. SIGNATURE OF LOCAL REGISTRAR *George R. Flores* 47. DATE M/M/DD/CY **12/14/2001**

101. PLACE OF DEATH **SCRIPPS MEM. HOSP.** 102. IF HOSPITAL, SPECIFY ONE: IP ER/OP DOA 103. FACILITY OTHER THAN HOSPITAL: CONV. HOSP. RES. CARE OTHER 104. COUNTY **SAN DIEGO**

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) **9888 GENESEE AVE.** 106. CITY **LA JOLLA**

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE (A) **CARDIORESPIRATORY ARREST** TIME INTERVAL BETWEEN ONSET AND DEATH **MIN.** 108. DEATH REPORTED TO CORONER YES NO

DUE TO (B) **ASPIRATION PNEUMONIA** **DAYS** 109. BIOPSY PERFORMED YES NO

DUE TO (C) **DYSPHAGIA** **WEEKS** 110. AUTOPSY PERFORMED YES NO

DUE TO (D) **ILEUS, ETIOLOGY UNKNOWN** **WEEKS** 111. USED IN DETERMINING CAUSE YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 **ALZHEIMER'S DEMENTIA**

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. **NO**

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE **11/17/2001** DECEDENT LAST BEEN ALIVE **12/10/2001**

115. SIGNATURE AND TITLE OF CERTIFIER *George R. Flores* 116. LICENSE NO. **0-0413349** 117. DATE M/M/DD/CY **12/14/2001**

118. TYPE OF ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP **NAYANA TRIVEDI, M.D. 447 W. EL CAMINO REAL, STE. C-302, ENCINITAS, CA 92024**

119. MANNER OF DEATH NATURAL SUICIDE HOMICIDE ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED

120. INJURY AT WORK YES NO 121. INJURY DATE M/M/DD/CY _____ 122. HOUR _____ 123. PLACE OF INJURY _____

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) _____

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) _____

126. SIGNATURE OF CORONER OR DEPUTY CORONER _____ 127. DATE M/M/DD/CY _____ 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER _____

STATE REGISTRAR A B C D E F G H FAX AUTH. # **2120830** CENSUS TRACT _____

1731910

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: DECEMBER 19, 2001

George R. Flores
GEORGE R. FLORES, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar



TRADEMARK

RECORDED: 09/22/2003

REEL: 002845 FRAME: 0443