

T02855US0/BT

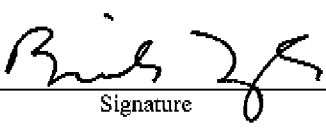
Form <b>PTO-1594</b> (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)	<b>RECORDATION FORM COVER SHEET</b> <b>TRADEMARKS ONLY</b>	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<b>1. Name of conveying party(ies):</b> Name: <b>J.F. LABS, INC.</b> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> <b>CORPORATION-ILLINOIS:</b> <input type="checkbox"/> Other: Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>2. Name and address of receiving party(ies)</b> Name: <b>J.F. LABS, INC.</b> <b>7401 SOUTH PULASKI ROAD</b> <b>UNIT E</b> <b>CHICAGO, ILLINOIS 60629</b> <input type="checkbox"/> Individual(s) citizenship: <input type="checkbox"/> Association: <input type="checkbox"/> General Partnership: <input type="checkbox"/> Limited Partnership: <input checked="" type="checkbox"/> <b>CORPORATION-ILLINOIS</b> <input type="checkbox"/> Other: <small>If assignee is not domiciled in the United States, a domestic representative designation is attached; <input type="checkbox"/> Yes <input type="checkbox"/> No          (Designations must be a separate document from assignment)</small> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>3. Nature of conveyance:</b> <input type="checkbox"/> Assignment Merger <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> <b>CHANGE OF ADDRESS</b> <input type="checkbox"/> Other: Execution Date: <b>JUNE 1, 2001</b>	<b>4. Application number(s) or registration number(s):</b> A. Trademark Application No.(s): B. Trademark Registration No.(s): <b>2,201,696</b> Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>5. Name and address of party to whom correspondence concerning document should be mailed:</b> Name: <b>BREWSTER TAYLOR</b> <b>STITES &amp; HARBISON, PLLC</b> <b>1199 NORTH FAIRFAX STREET</b> <b>SUITE 900</b> <b>ALEXANDRIA, VIRGINIA 22314</b>	<b>6. Total number of applications and registrations involved: -1-</b> <b>7. Total fee (37 CFR 3.41)                      \$40.00</b> <input checked="" type="checkbox"/> Enclosed - Credit Card Form; <input checked="" type="checkbox"/> Authorized to be charged to L&T US PTO FEES Credit Card <b>8. Customer No.: 000881</b>
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**DO NOT USE THIS SPACE**

<b>9. Signature.</b>  <b>Brewster Taylor</b> Name of Person Signing	 Signature	<b>November 10, 2004</b> Date Signed
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OP \$40.00 2201696

**PTO FACSIMILE COVER**

Date Submitted: November 10, 2004

Registrant: J.F. LABS, INC.Registration No.: 2,249,147Trademark: LIP MAXSender (Docket): T02855US0/BTClient Matter No.: 1080LT-11290

Paper(s) Submitted:  CHANGE OF ADDRESS RECORDATION FORM  
COVER SHEET (TRADEMARKS) - NO  
DOCUMENTS REQUIRED;

CREDIT CARD PAYMENT FORM = \$40.00.

PTO FACSIMILE NUMBER: 1-703-306-5995

STITES &amp; HARBISON, PLLC • 1199 North Fairfax Street • Suite 900 • Alexandria, VIRGINIA 22314

1080LT:11290:6200:1:ALEXANDRIA

RECORDED: 11/10/2004

TRADEMARK  
REEL: 002975 FRAME: 0917