

11-15-06



RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

103337361

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

IGT

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

Citizenship (see guidelines) USA

Additional names of conveying parties attached? Yes No

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) 24 October 2006

- Assignment
- Security Agreement
- Other _____
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Lightning Box Games Pty Ltd

Internal Address: _____

Address: _____

Street Address: 10 Tudor Street

City: Surry Hills

State: New South Wales

Country: Australia Zip: 2010

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other _____

Citizenship _____
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)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

78/963, 319

B. Trademark Registration No.(s)

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

GOING, GOING, GONE!

Filing Date: 29 August 2006

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

Name: Elizabeth Wrinkle

Internal Address: _____

Street Address: 1007 Specialty Drive

City: Dexter

State: MO Zip: 63841

Phone Number: _____

Fax Number: _____

Email Address: peter@lightningboxgames.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____ Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

11/17/2006 10:11:10 7896319 40.00 DP 01 FC:8581

9. Signature:

PWC

Signature

Peter Causley

Name of Person Signing

3rd November 2006

Date

Total number of pages including cover sheet, attachments, and documents: 2

