

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Schy-Town, Inc.		02/15/2008	CORPORATION: ILLINOIS
RECEIVING PARTY DATA			
Name:	New Taste, LLC		
Street Address:	173 Desert Falls Circle		
City:	Palm Desert		
State/Country:	CALIFORNIA		
Postal Code:	92211		
Entity Type:	LIMITED LIABILITY COMPANY: NEVADA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2799444	BUFF-A-QUE	
CORRESPONDENCE DATA			
Fax Number:	(760)969-6460		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	8473090373		
Email:	dave@newtaste.com		
Correspondent Name:	Deborah Schy		
Address Line 1:	173 Desert Falls Circle		
Address Line 4:	Palm Desert, CALIFORNIA 92211		
NAME OF SUBMITTER:	Deborah Schy		
Signature:	/deborah schy/		
Date:	03/01/2008		
Total Attachments: 1 source=BUFF-A-QUE CORPORATION NAME CHANGE#page1.tif			

OP \$40.00 2799444

**RECORDATION FORM COVER SHEET
 TRADEMARKS ONLY**

To the Director of the U.S. Patent and Trademark Office: Please review the attached statements or file new statements below.

<p>1. Name of conveying party(ies): <u>Schy-Town, Inc.</u></p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation State <u>IL</u> <input type="checkbox"/> Other _____</p> <p>Domicile (see guidelines) <u>US</u></p> <p>Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>2. Name and address of receiving party(ies) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Additional names, addresses, or otherwise attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Name: <u>New Taste, LLC</u> Invented Address: _____ Street Address: <u>173 Desert Falls Circle</u> City: <u>Palm Desert</u> State: <u>CA</u> Country: <u>USA</u> Zip: <u>92211</u></p> <p><input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other <u>New Taste, LLC US</u></p> <p>If assigned to not recorded in the United States, a separate representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designation must be a separate document from assignment)</p>	
<p>3. Nature of correspondence (Assignment/Design): Execution Date: <u>Feb. 15, 2008</u></p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Mortgage <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p>		<p>4. Application number(s) or registration number(s) and identification or description of the Trademark. A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>2799444</u></p> <p>Additional checks attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): <u>WORDMARK - GUFF-A-QUE</u></p>			
<p>5. Name & address of party to whom correspondence concerning document should be sent: Name: <u>Deborah Schy</u> Invented Address: _____ Street Address: <u>173 Desert Falls Circle</u> City: <u>Palm Desert</u> State: <u>CA</u> Zip: <u>92211</u> Phone Number: <u>847-309-0373</u> Fax Number: _____ Email Address: <u>law@newtaste.com</u></p>		<p>6. Total number of applications and registrations involved: <u>1</u></p> <p>7. Total fee (37 CFR 2.101(b) & 2.41) \$ <u>40.00</u></p> <p><input checked="" type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed</p>	
<p>8. Payment Information: a. Credit Card Last 4 Numbers: <u>1002</u> Expiration Date: <u>07/09</u> b. Deposit Account Number: _____ Authorized User Name: _____</p>		<p>9. Signature: <u>Deborah Schy</u> <u>3/1/08</u> Signature Date Title of Person Signing: _____ Total number of pages including cover sheet, statements, and drawings: <u>1</u></p>	

Response to be completed providing other data should be done to (37 CFR 271.404), or mailed to the Trademark Office, Bureau of the USPTO, P.O. Box 588, Alexandria, VA 22304-0588