

8-18-08

08-19-2008

Form PTO-1594 (Rev. 08/08)
OMB Collection 0651-0027 (exp. 8/31/2008)

U.S. DEPARTMENT OF COMMERCE
States Patent and Trademark Office



RECO
TR

103520535

OPR/FINANCE

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):

Saltmine, Inc.

- Individual(s)
- General Partnership
- Corporation- State: Washington
- Other _____

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) February 20, 2008

- 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: Minecode Acquisition LLC

Internal

Address: _____

Street Address: 2018 156th Ave. NE, #100

City: Bellevue

State: Washington

Country: USA Zip: 98007

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other LLC

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)

B. Trademark Registration No.(s)

78473535

Additional sheet(s) attached? Yes No

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

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

Name: Patti Brown

Internal Address: c/o Summit Law Group, PLLC

Street Address: 315 Fifth Ave. South, #1000

City: Seattle

State: Washington Zip: 98104

Phone Number: 206-676-7032

Fax Number: 206-676-7033

Email Address: pattib@summitlaw.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- 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 8811520001111111 88000004 78473535

Authorized User Name _____

8-15-08

9. Signature: Patti Brown Signature

Date

Patti Brown

Name of Person Signing

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

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

