

Form PTO-1594 (Rev. 10-08)  
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U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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):**

Franco Lori  
Julianna Lisziewicz

- Individual(s)       Association
- General Partnership       Limited Partnership
- Corporation- State: \_\_\_\_\_
- Other Lori, IT, Lisziewicz, DE

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

**2. Name and address of receiving party(ies)**

Additional names, addresses, or citizenship attached?  Yes  No

Name: Genetic Immunity, LLC  
 Internal Address: \_\_\_\_\_  
 Street Address: 8300 Greensboro Drive  
 City: McClean  
 State: VA  
 Country: US      Zip: 22102

- Association      Citizenship \_\_\_\_\_
- General Partnership      Citizenship \_\_\_\_\_
- Limited Partnership      Citizenship \_\_\_\_\_
- Corporation      Citizenship US
- 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)

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

Execution Date(s) Sept 15, 2008

- Assignment       Merger
- Security Agreement       Change of Name
- Other \_\_\_\_\_

**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)

2657301

Additional sheet(s) attached?  Yes  No

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

Pharmaceutical preparations

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

Name: Valerie E. Looper

Internal Address: \_\_\_\_\_

Street Address: 11726 Lightfall Court

City: Columbia

State: Maryland      Zip: 21044

Phone Number: (410) 715-5771

Fax Number: (410) 715-5773

Email Address: alexanderloopr@comcast.net

**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 to deposit account
- Enclosed

**8. Payment Information:**

Deposit Account Number 500855

Authorized User Name Valerie E. Looper

**9. Signature:**

Valerie E. Looper  
Signature

24 Nov 2008

Date

Valerie E. Looper

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 5

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

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