



09-17-2010

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Form PTO-1594 (Rev. 01-09)
OMB Collection 0651-0027 (exp. 02/28/2009)



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**RECORDATION FORM COVER :
TRADEMARKS ON**

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

9-17-10

1. Name of conveying party(ies):

Evan Burns

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

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: Olympia Media Group
 Internal _____
 Address: _____
 Street Address: 5201 W. 86th Street
 City: Indianapolis
 State: LLC Indiana
 Country: U.S. Zip: 46268

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship _____
- 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) 9/13/2010

- 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)

85105767

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):

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

Name: Olympia Media Group LLC

Internal Address: _____

Street Address: 5201 W. 86th Street

City Indianapolis

State IN Zip: 46268

Phone Number: _____

Fax Number: _____

Email Address: _____

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 _____
 Authorized User Name _____

9. Signature:

B. Burns

Signature

9/13/2010

Date

B. Evan Burns

Name of Person Signing

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

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

ASSIGNMENT COVERSHEET

SUBMITTED WITHOUT

SUPPORTING DOCUMENTATION