

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

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):

Key Training Corporation  
Key Training Corporation

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

Citizenship (see guidelines) Idaho Idaho

Additional names of conveying parties attached?  Yes  No

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

Execution Date(s) 6/11/2009

- 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: Grid Training Corporation

Internal Address: 7600 S. Meridian Rd

Street Address: 7600 S. Meridian Rd

City: Meridian

State: Idaho

Country: USA Zip: 83642

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other \_\_\_\_\_

Citizenship \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Citizenship Idaho  
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)

#77705156

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):

Certified For Life

"Certified For Life"

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

Name: Jeanne Bullock

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

Street Address: 7600 S. Meridian Rd

City: Meridian

State: ID Zip: 83642

Phone Number: 208 577-2828

Fax Number: 208 888-4275

Email Address: jbullock@lineman.edu

#### 6. Total number of applications and registrations involved:

1

#### 7. Total fee (37 CFR 2.6(b)(6) & 3.41)

\$40

40

- Authorized to be charged to deposit account
- Enclosed

#### 8. Payment Information:

C.C. attached

Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

#### 9. Signature:

Jeanne Bullock  
Signature

2/9/11  
Date

Jeanne Bullock  
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

TRADEMARK

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NO  
SUPPORTING  
Documentation  
Enclosed.  
- JB