

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT																		
NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL																		
CONVEYING PARTY DATA																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name</th> <th style="width:30%;">Formerly</th> <th style="width:15%;">Execution Date</th> <th style="width:25%;">Entity Type</th> </tr> </thead> <tbody> <tr> <td>Be Safe Italian Wine Consultants</td> <td></td> <td>09/01/2011</td> <td>LIMITED LIABILITY COMPANY:</td> </tr> <tr> <td>Marco Olivieri</td> <td></td> <td>09/01/2011</td> <td>INDIVIDUAL:</td> </tr> </tbody> </table>		Name	Formerly	Execution Date	Entity Type	Be Safe Italian Wine Consultants		09/01/2011	LIMITED LIABILITY COMPANY:	Marco Olivieri		09/01/2011	INDIVIDUAL:						
Name	Formerly	Execution Date	Entity Type																
Be Safe Italian Wine Consultants		09/01/2011	LIMITED LIABILITY COMPANY:																
Marco Olivieri		09/01/2011	INDIVIDUAL:																
RECEIVING PARTY DATA																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Name:</td> <td>ALMA - THE SOUL OF ITALIAN WINE</td> </tr> <tr> <td>Street Address:</td> <td>9601 Collins Ave, Suite PH205</td> </tr> <tr> <td>City:</td> <td>Bal Harbour</td> </tr> <tr> <td>State/Country:</td> <td>FLORIDA</td> </tr> <tr> <td>Postal Code:</td> <td>33154</td> </tr> <tr> <td>Entity Type:</td> <td>LIMITED LIABILITY LIMITED PARTNERSHIP: FLORIDA</td> </tr> </table>		Name:	ALMA - THE SOUL OF ITALIAN WINE	Street Address:	9601 Collins Ave, Suite PH205	City:	Bal Harbour	State/Country:	FLORIDA	Postal Code:	33154	Entity Type:	LIMITED LIABILITY LIMITED PARTNERSHIP: FLORIDA						
Name:	ALMA - THE SOUL OF ITALIAN WINE																		
Street Address:	9601 Collins Ave, Suite PH205																		
City:	Bal Harbour																		
State/Country:	FLORIDA																		
Postal Code:	33154																		
Entity Type:	LIMITED LIABILITY LIMITED PARTNERSHIP: FLORIDA																		
PROPERTY NUMBERS Total: 5																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Property Type</th> <th style="width:15%;">Number</th> <th style="width:65%;">Word Mark</th> </tr> </thead> <tbody> <tr> <td>Serial Number:</td> <td>85380743</td> <td>ARBETA</td> </tr> <tr> <td>Serial Number:</td> <td>85380730</td> <td>SETTERÈ</td> </tr> <tr> <td>Serial Number:</td> <td>85380709</td> <td>BEANDO</td> </tr> <tr> <td>Serial Number:</td> <td>85380685</td> <td>SOTTO IL SOLE ITALIANO SOTTO IL SOLE</td> </tr> <tr> <td>Serial Number:</td> <td>85373870</td> <td>SUPRENO</td> </tr> </tbody> </table>		Property Type	Number	Word Mark	Serial Number:	85380743	ARBETA	Serial Number:	85380730	SETTERÈ	Serial Number:	85380709	BEANDO	Serial Number:	85380685	SOTTO IL SOLE ITALIANO SOTTO IL SOLE	Serial Number:	85373870	SUPRENO
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Serial Number:	85373870	SUPRENO																	
CORRESPONDENCE DATA																			
<p>Fax Number: (262)632-2257 <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: 262-632-6900 Email: trademarks@janlaw.com Correspondent Name: Jansson Shupe & Munger, Ltd. Address Line 1: 245 Main Street Address Line 4: Racine, WISCONSIN 53403</p>																			

CH \$140.00 85380743

ATTORNEY DOCKET NUMBER:	TERRANO MARKS
NAME OF SUBMITTER:	Julie F. Kirby
Signature:	/Julie F. Kirby/
Date:	09/01/2011
Total Attachments: 4 source=recap1#page1.tif source=recap1#page2.tif source=recap1#page3.tif source=recap1#page4.tif	



OFFICE FOR HARMONIZATION IN THE INTERNAL MARKET
RECORDAL APPLICATION CTM RCD

Total number of pages (including this one) <input type="text" value="2"/>	Applicant/representative reference (not more than 20 characters) <input type="text"/>	Mod.035
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1. Recordal applicant	ID number <input type="text"/>	<input checked="" type="checkbox"/> legal entity <input type="checkbox"/> natural person
Name of legal entity or first name and surname	ALMA - THE SOUL OF ITALIAN WINE L.L.L.P.	
Legal form of the entity	Limited Liability Limited Partnership	
Tel, fax, e-mail	+1 305 3350667 alessandro@almawines.com	
Address Street and number	9601 Collins Avenue, Suite PH205	
City and postal code	FL 33154 Bal Harbour	
Country	Florida	
Postal address (if different)	United States of America	
Nationality	United States of America	

2. RCD/CTM owner/applicant	ID number <input type="text" value="435419"/>	<input checked="" type="checkbox"/> legal entity <input type="checkbox"/> natural person
Name of legal entity or first name and surname	Be Safe Italian Wine Consultants LLC	
Tel, fax, e-mail		
Address Street and number		
City and postal code		
Country		
Postal address (if different)		
Nationality		

3. RCD/CTM assignee or right holder (if not recordal applicant)	ID number <input type="text"/>	<input checked="" type="checkbox"/> legal entity <input type="checkbox"/> natural person
Name of legal entity or first name and surname	ALMA - THE SOUL OF ITALIAN WINE L.L.L.P.	
Tel, fax, e-mail	+1 305 3350667 alessandro@almawines.com	
Address Street and number	9601 Collins Avenue, Suite PH205	
City and postal code	FL 33154 Bal Harbour	
Country	Florida	
Postal address (if different)	United States of America	
Nationality	United States of America	
If assignee is domiciled or operates outside the EU, has a representative authorised to represent third parties before the OHIM been appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. Representative of recordal applicant	ID number <input type="text" value="34942"/>	
Name	Avv. Francesco Terrano	
Tel, fax, e-mail		
Address Street and number		
City and postal code		
Country		
Postal address (if different)		
Type of representative	<input checked="" type="checkbox"/> legal practitioner <input type="checkbox"/> professional representative <input type="checkbox"/> association of representatives <input type="checkbox"/> employee	

#CFC08EN

RECORDAL APPLICATION

Mod.008

5. Type of recordal	
<input checked="" type="checkbox"/> Total transfer <input type="checkbox"/> Partial transfer <input type="checkbox"/> Change of name or address of the <input type="checkbox"/> applicant/proprietor <input type="checkbox"/> representative <input type="checkbox"/> Seniority claim (post-registration) <input type="checkbox"/> Cancellation of seniority claim <input type="checkbox"/> Right in rem <input type="checkbox"/> Cancellation of right in rem <input type="checkbox"/> Alteration of the mark <input type="checkbox"/> Levy of execution	<input type="checkbox"/> Licence <input type="checkbox"/> exclusive <input type="checkbox"/> non-exclusive <input type="checkbox"/> limited territorially, refer to point 6 <input type="checkbox"/> limited in time <input type="checkbox"/> cancellation of licence <input type="checkbox"/> Others <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
Documentary evidence for recordal <input type="checkbox"/> attached <input type="checkbox"/> to follow	

6. For post-registration seniority claims and licences, specify Member State(s) concerned by recordal	
Member State(s) <input style="width: 400px;" type="text"/>	<input type="checkbox"/> continuation sheet(s)
Specify, for seniority claims only, any or all of the following (use continuation sheet(s) if more than one seniority is claimed): Number <input style="width: 100px;" type="text"/> <input type="checkbox"/> application <input type="checkbox"/> registration Application date (DD/MM/YYYY) <input style="width: 150px;" type="text"/> / / <input type="checkbox"/> continuation sheet(s)	

7. List of goods and services involved (please specify): <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div> <input type="checkbox"/> continuation sheet(s)	8. Application number(s) or registration number(s) of Community trade mark(s) or design(s) involved (specify): CTM no.: 9516998, 9709965, 9727231, 9670472, 9762824, 9784539 <input type="checkbox"/> continuation sheet(s)
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9. For changes of name/address, specify new name and/or address <input type="checkbox"/> continuation sheet(s)	
Name	
Address	
Nationality	

10. Payment of fees (if applicable)	Total €
Current account with OHIM <input type="checkbox"/> Account No <input style="width: 100px;" type="text"/> <input type="checkbox"/> Do not use my current account with OHIM Transfer to account of OHIM <input type="checkbox"/> Banco Bilbao Vizcaya Argentaria <input type="checkbox"/> La Caixa Date of transfer (DD/MM/YYYY) <input style="width: 100px;" type="text"/> / /	

11. Signature	
Name of recordal applicant	ALMA - THE SOUL OF ITALIAN WINE L.L.L.P. Mr. Alessandro Berselli
Signature	
12. Signature of other involved party (optional)	
Name	Be Safe Italian Wine Consultants LLC - Mr. A. Berselli
	<input type="checkbox"/> assignee <input checked="" type="checkbox"/> proprietor <input type="checkbox"/> right holder
Signature	

⁽¹⁾ If limited to certain goods and services, refer to point 7
⁽²⁾ For CTM only
⁽³⁾ Please use OHIM Form, Mod. TM 010 if you are making a request for conversion



OFFICE FOR HARMONIZATION IN THE INTERNAL MARKET
RECORDAL APPLICATION CTM RCD

Total number of pages (including this one) <input style="width:20px;" type="text" value="2"/>	Applicant/representative reference (not more than 20 characters)	Mod.008
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1. Recordal applicant	ID number <input style="width:80px;" type="text"/>	<input checked="" type="checkbox"/> legal entity <input type="checkbox"/> natural person
Name of legal entity or first name and surname	ALMA - THE SOULOF ITALIAN WINE L.L.L.P.	
Legal form of the entity	Limited Liability Limited Partnership	
Tel, fax, e-mail	+1 305 3350667 alessandro@almawines.com	
Address Street and number	9601 Collins Avenue, Suite PH205	
City and postal code	FL 33154 Bal Harbour	
Country	Florida	
Postal address (if different)	United States of America	
Nationality	United States of America	

2. RCD/CTM owner/applicant	ID number <input style="width:80px;" type="text" value="435417"/>	<input checked="" type="checkbox"/> legal entity <input type="checkbox"/> natural person
Name of legal entity or first name and surname	Marco Olivieri S.r.l.	
Tel, fax, e-mail		
Address Street and number		
City and postal code		
Country		
Postal address (if different)		
Nationality		

3. RCD/CTM assignee or right holder (if not recordal applicant)	ID number <input style="width:80px;" type="text"/>	<input checked="" type="checkbox"/> legal entity <input type="checkbox"/> natural person
Name of legal entity or first name and surname	ALMA - THE SOULOF ITALIAN WINE L.L.L.P.	
Tel, fax, e-mail	+1 305 3350667 alessandro@almawines.com	
Address Street and number	9601 Collins Avenue, Suite PH205	
City and postal code	FL 33154 Bal Harbour	
Country	Florida	
Postal address (if different)	United States of America	
Nationality	United States of America	
If assignee is domiciled or operates outside the EU, has a representative authorised to represent third parties before the OHIM been appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. Representative of recordal applicant	ID number <input style="width:80px;" type="text" value="34942"/>	
Name	Avv. Francesco Terrano	
Tel, fax, e-mail		
Address Street and number		
City and postal code		
Country		
Postal address (if different)		
Type of representative	<input checked="" type="checkbox"/> legal practitioner <input type="checkbox"/> professional representative <input type="checkbox"/> association of representatives <input type="checkbox"/> employee	

#CF008EN

RECORDAL APPLICATION

Mod.008

5. Type of recordal

Total transfer

⁽¹⁾ Partial transfer

Change of name or address of the applicant/proprietor
 representative

⁽²⁾ Seniority claim (post-registration)

⁽¹⁾⁽²⁾ Cancellation of seniority claim

⁽¹⁾ Right in rem

⁽¹⁾ Cancellation of right in rem

Alteration of the mark

⁽¹⁾ Levy of execution

⁽¹⁾ Licence

exclusive non-exclusive

limited territorially, refer to point 6

limited in time

cancellation of licence

⁽³⁾ Others

Documentary evidence for recordal attached to follow

6. For post-registration seniority claims and licences, specify Member State(s) concerned by recordal

Member State(s) continuation sheet(s)

Specify, for seniority claims only, any or all of the following (use continuation sheet(s) if more than one seniority is claimed):

Number application registration

Application date (DD/MM/YYYY) / / continuation sheet(s)

7. List of goods and services involved (please specify):

continuation sheet(s)

8. Application number(s) or registration number(s) of Community trade mark(s) or design(s) involved (specify):

CTM no.: 9516998, 9709965, 9727231, 9670472, 9762824, 9784539

continuation sheet(s)

9. For changes of name/address, specify new name and/or address continuation sheet(s)

Name

Address

Nationality

10. Payment of fees (if applicable) Total €

Current account with OHIM

Account No

Do not use my current account with OHIM

Transfer to account of OHIM

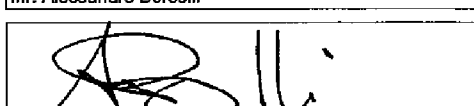
Banco Bilbao Vizcaya Argentaria

La Caixa

Date of transfer (DD/MM/YYYY) / /

11. Signature

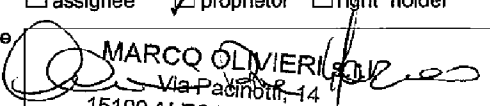
Name of recordal applicant ALMA - THE SOUL OF ITALIAN WINE L.L.L.P.
Mr. Alessandro Berselli

Signature 

12. Signature of other involved party (optional)

Name Marco Olivieri S.r.l. - Mr. Pier Marco Olivieri

assignee proprietor right holder

Signature 

MARCO OLIVIERI S.r.l.
Via Padinotti, 14
15100 ALESSANDRIA - ITALY
C.F. e P.IVA IT 02059050068

⁽¹⁾ If limited to certain goods and services, refer to point 7
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RESET FORM 2 of 2 page number