

**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): HENKELL & SOHNLEIN BETEILIGUNGS KG <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation- State: _____ <input type="checkbox"/> Other _____ Citizenship (see guidelines) <u>GERMANY</u> Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name: <u>HENKELL & SOHNLEIN SEKTKELLEREIEN KG</u> Internal Address: _____ Street Address: <u>BIEBRICHER ALLEE 142</u> City: <u>65187 WIESBADEN</u> State: _____ Country: <u>GERMANY</u> Zip: _____ <input type="checkbox"/> Association Citizenship _____ <input type="checkbox"/> General Partnership Citizenship _____ <input checked="" type="checkbox"/> Limited Partnership Citizenship _____ <input type="checkbox"/> Corporation Citizenship _____ <input type="checkbox"/> Other _____ Citizenship <u>GERMANY</u> If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment)	
3. Nature of conveyance /Execution Date(s) : Execution Date(s) <u>01/13/2004</u> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> 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) <u>2,572,665</u> Additional sheet(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): <u>HENKELL TROCKEN and Bottle Design</u>			
5. Name & address of party to whom correspondence concerning document should be mailed: Name: <u>Mark B. Harrison, Esq.</u> Internal Address: _____ Street Address: <u>575 7th Street NW</u> City: <u>Washington</u> State: <u>DC</u> Zip: <u>20004</u> Phone Number: <u>(202) 344-4019</u> Fax Number: <u>(202) 344-8300</u> Email Address: <u>trademarkdocket@venable.com</u>		6. Total number of applications and registrations involved: 1	
		7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ <u>40</u> <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed	
		8. Payment Information: Deposit Account Number <u>220261-7186</u> Authorized User Name <u>Mark B. Harrison, Esq.</u>	
9. Signature: <u>Mark B. Harrison</u> Signature Mark B. Harrison, Esq. Name of Person Signing		April 6, 2012 Date 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**TRADEMARK****REEL: 004746 FRAME: 0671**

NO DOCUMENT REQUIRED TO RECORD A CHANGE OF NAME