

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Assignor's Name Assignee's Name previously recorded on Reel 012345 Frame 0019. Assignor(s) hereby confirms the Assignment.

CONVEYING PARTY DATA

Name	Execution Date
Afred M Duck	01/01/2001

RECEIVING PARTY DATA

Name:	Donald Duck Corporation
Street Address:	Mickey One Lane
Internal Address:	Disney Harold Headquarters
City:	Disney Land
State/Country:	CALIFORNIA
Postal Code:	94000

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	09510019

CORRESPONDENCE DATA

Fax Number: (650)251-3827
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: (415) 222-7000
 Email: nmcnillion@mofo.com
 Correspondent Name: Charles E. Holland
 Address Line 1: 755 Page Mill Road
 Address Line 2: Morrison & Foerster LLP
 Address Line 4: Palo Alto, CALIFORNIA 94304

ATTORNEY DOCKET NUMBER:	000002000110
NAME OF SUBMITTER:	Charles E. Holland

Total Attachments: 1

500079953

**PATENT
 REEL: 017197 FRAME: 0250**

CH \$40.00 09510019

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

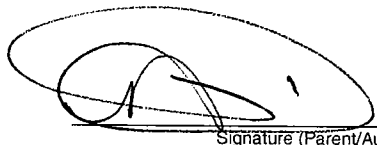
7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of Christen K. Mc Nillion, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Children First Child Care Center-Palo Alto
Name of Child Care Center



Signature (Parent/Authorized Representative)

9-15-05
Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.