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1519 MADRID DR.City: VistaState: CACountry: USA Zip: 92081Additional name(s) & address(es) attached? ☒ Yes ☐ No**4. Application or patent number(s):**☐ This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

US D556,052 SAdditional numbers attached? ☐ Yes ☒ No**5. Name and address to whom correspondence concerning document should be mailed:**Name: Carl E. Hoffman

Internal Address: _____

Street Address: 1519 Madrid DrCity: VistaState: CA Zip: 92081Phone Number: 760-420-0226

Fax Number: _____

Email Address: 4Ed.Hoffman@gmail.com**6. Total number of applications and patents involved: 1****7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00**

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PATENT
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ADDITIONAL RECEIVING PARTIES

NAME: CARL E. HOFFMAN

ADDRESS: 1519 MADRID DR

CITY: VISTA

STATE: CA

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ASSIGNMENT

I, Carl Edward Hoffman, and individual, hereby transfer to my wife, Rebecca Elise Hoffman, an individual, 50% right, title and interest to my U.S. Patent No. US D556,052 S.

I, Carl Edward Hoffman, will maintain 50% interest and right in U.S. Patent No. D556,052 S.

The Patent in this assignment was filed with the U.S. Patent and Trademark office on July, 8, 2005 and granted on November 27, 2007.

Dated: May 21, 2009



Carl Edward Hoffman

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Diego

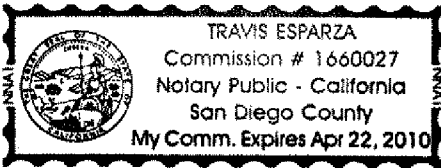
On May 21, 2009 before me, Travis Esparza, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Carl Edward Hoffman
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



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