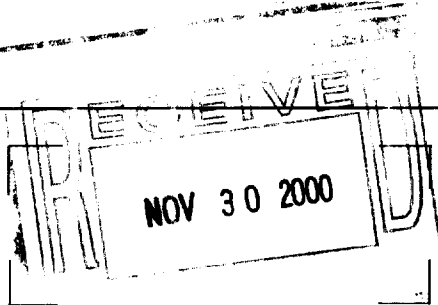


FORM PTO-1618A
Expires 06/30/99
OMB 0651-0027



U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

11-30-00
12-18-2000



101553759

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
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- Correction of PTO Error
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- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year _____
- Merger
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
11062000

Name Treasure Chest Casino, LLC

Formerly _____

1977593

- Individual General Partnership Limited Partnership Corporation Association

Other Limited Liability Company

Citizenship/State of Incorporation/Organization Louisiana

Receiving Party

Mark if additional names of receiving parties attached

Name Boyd Gaming Corporation

DBA/AKATA _____

Composed of _____

Address (line 1) 2950 Industrial Road

Address (line 2) _____

Address (line 3) Las Vegas NV 89109

City State/Country Zip Code

- Individual General Partnership Limited Partnership

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Corporation Association

Other _____

Citizenship/State of Incorporation/Organization Nevada

12/15/2000 GT0N11 00000294 1922593

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Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

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REEL: 002196 FRAME: 0676

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments. #

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1922593"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties Enter the total number of properties involved. #

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Dana B. Robinson

11/20/10

Name of Person Signing

Signature

Date Signed

COUNTY OF CLARK)
)
STATE OF NEVADA) SS:

TRADEMARK ASSIGNMENT

WHEREAS, TREASURE CHEST CASINO, L.L.C., a Louisiana limited liability company, is the owner of the following federal and Louisiana state trademark registrations:

<u>Trademark</u>	<u>Registration No.</u>	<u>Class</u>
TREASURE CHEST CASINO	1,922,593	41
TREASURE CHEST CASINO	None Registered 12/29/93	41

and WHEREAS, TREASURE CHEST CASINO, L.L.C. is the owner of each of those same trademarks,

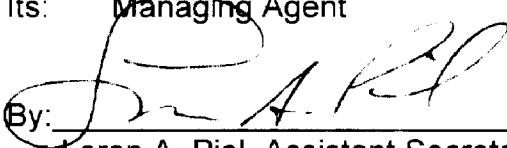
and BOYD GAMING CORPORATION, a Nevada corporation, is, through its subsidiaries BOYD LOUISIANA L.L.C., a Nevada limited liability company, and BOYD KENNER, INC., a Louisiana corporation, the parent company and owner of TREASURE CHEST CASINO, L.L.C.

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, TREASURE CHEST CASINO, L.L.C. hereby transfers and assigns to BOYD GAMING CORPORATION all of its right, title, and interest in said trademarks and trademark registrations, along with the business goodwill represented by those trademarks and trademark registrations.

TREASURE CHEST CASINO, L.L.C.


By: BOYD KENNER, INC.,
a Louisiana corporation

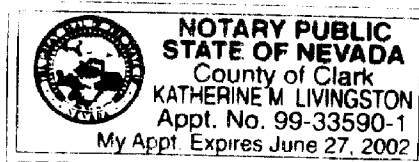
Its: Managing Agent

By: 
Loren A. Piel, Assistant Secretary

Date: 11-6-00

Sworn before me this 6th day of November, 2000.


Notary in and for said state and county



H:\TM\BOYD\Assignments\Treasure Chest.wpd