

FORM PTO-1595

Docket No. 45152/VGG/H320

**RECORDATION FORM COVER SHEET
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Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof:

| | |
|---|--|
| <p>1. Name of conveying party(ies): HINES HORTICULTURE, INC.</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Exists Under Laws of California</p> <p>Additional name(s) of conveying party(ies) attached: No</p> | <p>2. Name and address of receiving party(ies): Name: HINES NURSERIES, INC. Street Address: 12621 Jeffrey Road, Irvine, California 92620-2101</p> <p><input type="checkbox"/> Individual(s) citizenship <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Exists Under Laws of California</p> |
| <p>3. Name of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other:</p> <p>Execution Date: June 10, 1998</p> | <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: No</p> <p>(Designation must be a separate document from Assignment). Additional name(s) & address(es) attached? No</p> |
| <p>4. A. Trademark Application No.(s) 76/257,573</p> | <p>4. B. Trademark Registration No.(s)</p> <p>Additional numbers attached? No</p> |
| <p>5. Please return the recorded document and address all correspondence to: CHRISTIE, PARKER & HALE, LLP P.O. Box 7068 Pasadena, CA 91109-7068 Attention: Vincent G. Gioia</p> | <p>6. Total number of applications or registrations involved 1</p> <p>7. <input checked="" type="checkbox"/> Total fee to be charged to Deposit Account No. 03-1728 (37 CFR 3.41): \$ 40.00</p> <p>8. <input checked="" type="checkbox"/> Any deficiency or overpayment of fees should be charged or credited to Deposit Account No. 03-1728, except for payment of issue fees required under 37 CFR § 1.18. Please show our docket number with any credit or charge to our Deposit Account.</p> |
| <p>10. <input type="checkbox"/> Explanatory letter is enclosed.</p> | <p>9. 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. Date: February 23, 2004</p> <p>By <i>Vincent G. Gioia</i> Name: Vincent G. Gioia 626/795-9900</p> |
| <p>Total number of pages including cover sheet, attachments, and document: 3</p> | |

VGG/llb

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State of California

SECRETARY OF STATE



I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

JUN 16 1998



Bill Jones

Secretary of State

TRADEMARK

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