

Doc Code:

FORM PTO-1584 (Modified)  
(Rev. 07/08)  
OMB No. 0651-0027 (exp. 6/30/2008)  
TM05/REV04

RECORDATION FORM COVER SHEET

Docket No.:

298-3020-T

TRADEMARKS / SERVICE MARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached original documents or the new address(es) below.

1. Name of conveying party(ies):

SERVICE PARTNERS, LLC

- Individual(s)
- General Partnership
- Corporation-State: \_\_\_\_\_
- Other Limited Liability Company
- Association
- Limited Partnership

Citizenship (see guidelines) \_\_\_\_\_

Additional names(s) of conveying party(ies)  Yes  No

3. Nature of conveyance/Execution Date(s):

Execution Date: August 17, 2010

- Assignment
- Security Agreement
- Other \_\_\_\_\_
- Merger
- Change of Name

2. Name and address of receiving party(ies):

Additional names, addresses, or citizenship attached?  Yes  No

Name: MASCO FRAMING CORP.

Internal Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address: 250 North Beck Avenue

City: Chandler

State: Arizona

Country: USA ZIP: 85226

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship Delaware
- Other \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No

(Designations must be a separate document from

4. Application number(s) or registration numbers(s) and identification or description of the Trademark/Service Mark:

A. Trademark / Service Mark Application No.(s)

77/481,267

B. Trademark / Service Mark Registration No.(s)

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s)/Service Mark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Edgar A. Zarins

Internal Address: Legal Department

Street Address: Masco Corporation

21001 Van Born Road

City: Taylor

State: Michigan Zip: 48180

Phone Number: 313-792-6485

Fax Number: 313-792-6797

Email Address: gar.zarins@mascohq.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers \_\_\_\_\_

Expiration Date \_\_\_\_\_

b. Deposit Account Number 13-1981

Authorized User Name Edgar A. Zarins

9. Signature: \_\_\_\_\_

Signature

Edgar A. Zarins, Reg. #30,986

Name of Person Signing

8/17/2010

Date

Total number of pages including cover sheet, attachments, and document:

2

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