

Form PTO-1594 (Rev. 03-11)
OMB Collection 0651-0027 (exp. 03/31/2012)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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

1. Name of conveying party(ies):

Chrome Systems Corporation

- Individual(s)
- General Partnership
- Corporation- State: DE
- Other
- Association
- Limited Partnership

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) 04/18/2005

- 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: Chrome Systems, Inc.

Internal Address: _____

Street Address: 700 N.E. MULTNOMAH

City: Portland

State: OR

Country: USA Zip: 97232

- Association
- General Partnership
- Limited Partnership
- Corporation
- 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 assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) _____

B. Trademark Registration No.(s)

2459440, 2461319

Additional sheet(s) attached? Yes No

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

CHROME, CHROME (STYLIZED)

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

Name: Law Offices of Dana Breitman

Internal Address: _____

Street Address: 425 E 58TH ST

City: NY

State: NY Zip: 10022

Phone Number: 212 644 8312

Fax Number: _____

Email Address: dana-breitman@yaho.com

6. Total number of applications and registrations involved:

2

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 1600.65

- Authorized to be charged to deposit account
- Enclosed - credit card form attached

8. Payment Information:

Deposit Account Number _____

Authorized User Name _____

9. Signature:

[Signature] Signature

6/10/11 Date

DANA BREITMAN
Name of Person Signing

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

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1460, Alexandria, VA 22313-1450

TRADEMARK

REEL: 004562 FRAME: 0096

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OP \$65.00 245944

In accordance with TMEP 503.03(b) no supporting documentation is required to record a change of name.