

10-25-2000



101496493
RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

10-13-00

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

Submission Type		Conveyance Type	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID # _____	<input checked="" type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____	<input type="checkbox"/> Corrective Document Reel # _____ Frame # _____	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Nunc Pro Tunc Assignment Effective Date Month Day Year _____
		<input type="checkbox"/> Merger	<input type="checkbox"/> Change of Name
		<input type="checkbox"/> Other _____	

Conveying Party Mark if additional names of conveying parties attached

Name Artistic Greetings, Inc. Execution Date
Month Day Year
09 11 2000

Formerly _____

Individual General Partnership Limited Partnership Corporation Association

Other _____

~~XXXXXXXXXX~~ State of Incorporation/Organization New York

Receiving Party Mark if additional names of receiving parties attached

Name Holland USA, Inc.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 1725 Roe Crest Drive

Address (line 2) _____

Address (line 3) North Mankato Minnesota 56002
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 _____

~~XXXXXXXXXX~~ State of Incorporation/Organization Minnesota

FOR OFFICE USE ONLY

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 (0661-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0661-0027, 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

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="1806730"/>	<input type="text" value="1830329"/>	<input type="text" value="1840474"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1859160"/>	<input type="text" value="1926042"/>	<input type="text" value="2057781"/>
<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.

Laura J. Hein

Laura J. Hein

10/13/00

Name of Person Signing

Signature

Date Signed

EXHIBIT A

<u>Mark</u>	<u>Registration No.</u>	<u>Registration Date</u>	<u>Class</u>
MINI PRINTER	1,806,730	11/23/93	16
ARTISTIC GREETINGS	1,830,329	04/12/94	16
ULTIMATE NAME LABEL	1,840,474	06/21/94	16
POETIC NAME 'N FRAME	1,859,160	10/18/94	16
THE PERSONAL TOUCH	1,926,042	10/10/95	42
BY A LOT-SAVE EVEN MORE	2,057,781	04/29/97	16

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