

R 12.5-01
12-11-2001
101911834
5

**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
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- 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

Name

Formerly

- Individual General Partnership Limited Partnership Corporation Association
- Other
- Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)
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

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 (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

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="2114808"/>	<input type="text" value="2421474"/>	<input type="text" value="1809328"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2027935"/>	<input type="text" value="2082389"/>	<input type="text" value="0988486"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1695412"/>	<input type="text" value="1276328"/>	<input type="text" value="1953731"/>

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.

Bryna S. Silver, Attorney for Applicant

Bryna S. Silver

November 29, 2001

Name of Person Signing

Signature

Date Signed

**RECORDATION FORM COVER SHEET
CONTINUATION
TRADEMARKS ONLY**

Conveying Party

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship State of Incorporation/Organization

Receiving Party

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKATA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)
City State/Country Zip Code

Individual General Partnership Limited Partnership

Corporation Association

Other

Citizenship/State of Incorporation/Organization

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 the Assignment.)

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"/>	<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1777271	1980286	1521059
1980240	1967310	2272959
2086904	1341060	1174296
1187817	1194015	1224373
1232807	1176272	1536491
1214121	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

CANCELLATION OF CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

OF

DNZ LIMITED PARTNERSHIP

the original of which was filed in this office on the 7th day of December, 2000.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of December, 2000

Elaine F. Marshall

Secretary of State

Document Id: 203429015

State of North Carolina
Department of the Secretary of State

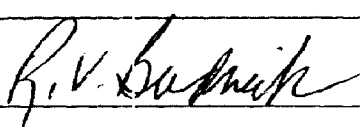
SOSID: 0970312
Date Filed: 12/7/2000 11:07 AM
Elaine F. Marshall
North Carolina Secretary of State

Cancellation of Certificate of Domestic or Foreign Limited

203429015

A. Return Acknowledgement to:		Office Use Only
Name: Connie M. Mulleady		
Mailing Address: Moore & Van Allen, PLLC		
City/State/Zip: Return to MVA Box		

Read Instructions on reverse before beginning. Attach additional pages as needed and complete appropriate section.

<input type="checkbox"/> B. DOMESTIC LIMITED PARTNERSHIP CANCELLATION		No. of pages attached:	
1. Name of limited partnership: DNZ Limited Partnership			
2. Date originally filed with Secretary of State: 3/24/97 3. Number originally assigned by Secretary of State: 0970312			
4. Reason for cancellation: The limited partner has sold its interest to the general partner and withdrawn, and the limited partner and the general partner have agreed to terminate the partnership.			
5. Effective date of cancellation (not to exceed 90 days from this filing by Secretary of State): Upon filing			
6. Any other information partners wish to present:			
7. The following signatures by each general partner constitute an affirmation under the penalties of perjury that the facts herein are true.			
Complete for each general partner:	Signature	Date	
1. Name Dimensions, Inc.		11/28/00	
Title By: Ronald V. Budnick, Vice President			
2. Name			
Title			
3. Name			
Title			
<input type="checkbox"/> C. FOREIGN LIMITED PARTNERSHIP CANCELLATION		No. of pages attached:	
1. Name of limited partnership:			
2. Name used to transact business in N.C., if different:			
3. Date originally filed with N.C. Secretary of State:		4. Number originally assigned by N.C. Secretary of State:	
5. Reason for cancellation:			
6. Effective date of cancellation (not to exceed 90 days from this filing by N.C. Secretary of State):			
7. Any other information partners wish to present:			
8. The following signature by one general partner constitutes an affirmation under penalty of perjury that the facts herein are true:			
Type or print name	Title	Signature	Date

NOTES:

1. Filing fee is \$25.00. This document and one exact or conformed copy must be filed with the Secretary of State.
(Revised January 2000)
CORPORATIONS DIVISION P.O. BOX 29622

Form LP-03
RALEIGH, NC 27626-0622

RECORDED: 09/10/2001

TRADEMARK
REEL: 002406 FRAME: 0083