Form PTO-1594 (Rev. 06/04) OMB No. 0651-0027 (exp. 6/30/2005 To the Director of the U 1. Name of conveying party(**ARJO WIGGINS SA** () Individual(s) () General Partnership (XX) Corporation-State FRANCE () Other ___ Citizenship (see guidelines) _____ Execution Date(s) April

11/10/2006

11-12-2004



(Rev. 06/04) RE	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
OMB No. 0651-0027 (exp. 6/30/2005)	2000=
To the Director of the U.S. Patents and Trademark Office: Please record the attached upon or the new address(es) below.	
	2. Name and address of receiving party(ies)
1. Name of conveying party(ies): /Execution Date(s)	Name: ARJOWIGGINS
ARJO WIGGINS SA	Internal Address:
/	Street Address: 117, quai du Pt Roosevelt
() Individual(s) () Association	City: Issy les Moulineaux
() General Partnership () Limited Partnership	State: Zip: 92130
(XX) Corporation-State FRANCE	() Association Citizenship
/ 2	
() Other OCT 2 9 2004	() General Partnership Citizenship
Citizenship (see guidelines)	() Limited Partnership Citizenship
Execution Date(s) April 9 2004 PRADE MARKET	(XX) Corporation Citizenship FRANCE
TRADE	() Other Citizenship
Additional name(s) of conveying party(ies) attached? Yes XX No	() data.
3. Nature of conveyance:	
Assignment Merger	
Security Agreement X Change of Name	
Other	
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)
	1,302,573 (ARCHES)
Additional sheet(s at	lached? Yes XX No
5. Name and address of p arty to whom correspondence	lactied? Tes PAN NO
concerning document should be mailed:	6. Total nu mber of applications and
_	registrations involved:
Name: Cynthia K. Nicholson	
Posz & Bethards PLC	7. Total fee (37 CFR 3.41)\$ 40.00
Internal Address	XX Enclosed
Internal Address:	
	Authorized to be charged to deposit account
Ot	
Street Address: 11250 Roger Bacon Drive, Suite 10	8. Payment Information:
	a. Credit Card Last 4 Numbers
City: Reston State: VA Zip: 20190	Expiration Date c. Deposit Account number
JIALLAH2 00000013 1302573	Authorized User Name
40.00 CP	
9. Signature.	
(all his Nine)	0.44 - 00.0004
Signature	October 29, 2004 Date
Cynthia K. Nicholson	
Name of Person Signing	<u> </u>
Total number of pages including cover sheet, attachments, and documents:	

Mail documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 223131450

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OCTOBER 30, 1999

TRADEMARK REEL: 003076 FRAME: 0444

RECORDED: 10/29/2004