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Form PTO-1594 R 02 - 1 (Rev. 10/02)	4 - 2008 U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
OMB No. 0651-0027 (exp. 6/30/2005)	
Tab settings ⇒ ⇒ ▼	182334 ginal documents or copy thereof.
	-
Name of conveying party(ies):	2. Name and address of receiving party(ies) Name: Societe Parisienne De Parfums Et
SPPC Paris Bleu	Name: Society Fariation to Addition to Add
Individual(s) Association	
General Partnership Limited Partnership	Street Address: 11, rue Margueritte
Corporation-State	City: Paris State: Zip: 75017
Other French corporation	Individual(s) citizenship
Additional name (s) of approximate part (ins) attached 2 To Voc To No	Association
Additional name(s) of conveying party(ies) attached? Yes No	General Partnership
3. Nature of conveyance:	Limited Partnership
Assignment	Corporation-State
Security Agreement Change of Name	Other French corporation
Other	If assignee is not domiciled in the United States, a domestic representative designation is attached: 🍟 Yes 🖵 No
Execution Date: November 28, 2007	(Designations must be a separate document from assignment) Additional name(s) & address(es) attached? 📮 Yes 📮 No
4. Application number(s) or registration number(s):	
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
76617178, 76636153, 76639448 77020115, 77052345, 76672781 Additional number(s) at	2,878,965, 2,961,806, 2,878,967 tached ★□ Yes □ No 2,878,966
Name and address of party to whom correspondence	6. Total number of applications and
concerning document should be mailed:	registrations involved:
Name: James K. Coons	
Internal Address:	7. Total fee (37 CFR 3.41)\$2,340.00
	Enclosed
	Authorized to be charged to deposit account
Street Address: 777 High St., Ste. 200	8. Deposit account number:
City: Eugene State: OR Zip: 97401	(Attach duplicate copy of this page if paying by deposit account)
DO NOT USE THIS SPACE	
9. 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.	
James K. Coons	<u>a/11/08</u>
Name of Person Signing Signature Date Total number of pages including cover sheet, attachments, and document:	

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

ADDITIONAL APPLICATION NUMBERS:

> TRADEMARK REEL: 003721 FRAME: 0119

ADDITIONAL REGISTRATION NUMBERS:

0.040.110
2,868,119
2,878,963 2,881,145
3,003,273
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REEL: 003721 FRAME: 0120

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

(Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇒⇒⇒ To the Honorable Commissioner of Patents and Tradelnarks: Please record the attached original documents or copy thereof. 1. Name of conveying party(ies): 2. Name and address of receiving party(ies) Name: Societe Parisienne De Parfums Et SPPC Paris Bleu Cosmetiques xbotennek XACCHOSSX Individual(s) Association Street Address: 11, rue Margueritte General Partnership Limited Partnership City: Paris State:_____ Zip: 75017 Corporation-State Other French corporation Individual(s) citizenship_____ Association Additional name(s) of conveying party(ies) attached? The Yes The No. General Partnership 3. Nature of conveyance: Limited Partnership Assignment ☐ Merger Corporation-State Security Agreement Change of Name Other French corporation 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) Additional name(s) & address(es) attached? Yes No Other November 28, 2007 Execution Date. 4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) 76617178, 76636153, 76639448, 2,878,965, 2,961,806, 2,878,967, 771020115, 771052345, 76672781 I Additional number(s) attached Yes No 2,878,966 5. Name and address of party to whom correspondence 6. Total number of applications and concerning document should be mailed: registrations involved: Name: James K. Coons 7. Total fee (37 CFR 3.41).....\$2,340.00 Internal Address: XX Enclosed Authorized to be charged to deposit account 8. Deposit account number: Street Address: 777 High Street, Suite 200 City: Eugene State: OR Zip: 97401 (Attach duplicate copy of this page if paying by deposit account) DO NOT USE THIS SPACE 9. 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. James K. Coons Name of Person Signing Total number of pages including cover sheet, attachments, and documents 11FD 000000003 76617170

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