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MARK: HOLOTROPIC BREATHWORK

REGISTRANT: GROF, STANISLAV

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Please furnish the following in all correspondence:

- Your phone number and zip code.
- Mailing date of this action.
 Affidavit-Renewal Examiner's name.
- 4. The address of all correspondence not containing fees should include the words "Box 5".
- 5. Registration No.

RECEIPT IS ACKNOWLEDGED OF THE SUBMITTED REQUEST UNDER:

SECTION 8 OF THE TRADEMARK STATUTE AND 37 CFR SECS. 2.161-2.166.

SECTION 15 OF THE TRADEMARK STATUTE AND 37 CFR SECS. 2.167-2.168.

YOUR REQUEST FULFILLS THE STATUTORY REQUIREMENTS AND HAS BEEN ACCEPTED.

PATRICIA ANN EVERETT AFFIDAVIT-RENEWAL EXAMINER TRADEMARK EXAMINING OPERATION (703) 308-9500 EXT. 132