

JO ANNA CANZONERI-MCCORMICK

2609 East 14th Street
Brooklyn New York 11235

July 09, 2015

Cell 718 690-8124

Email Joannacanzerimccormick@outlook.com

State of

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island

- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

RE: IDEAL DESIGN COPYRIGHT PATENT AND TRADEMARK
CONFIDENTIAL AGREEMENT, *BILL of Sale and*
Exhibit "A and "B"
Product Universal Ticket

DEAR GENTLEMEN

I PERSONALLY HAVE A IDEAL DESIGN COPYRIGHT PATENT AND TRADEMARK
THIS PRODUCT *Universal Ticket*

PLEASE SEE ATTACHED AND ENCLOSED A CONFIDENTIAL AGREEMENT ON
MY IDELA

DESIGN COPYRRIGHT PATENT AND TRADEMARK ALSO BILL OF SALE *AND*
Exhibit "A and "B"

SHOULD YOU HAVE ANY QUESTIONS PLEASE CONTACT ME

THANKS

John Canzoneri McCormick
TO ANNA CANZONERI MCCORMICK
John Canzoneri McCormick

JO ANNA CANZONERI MCCORMICK

2609 East 14th Street

Brooklyn New York 11235

Cell 718 690-8124

Email JoannaCanzonerimccormick@outlook.com

July 09, 2015

state of

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island

South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

RE: BILL OF SALE

I (JO ANNA CANZONERI MCCORMICK) PERSONALLY WOULD LIKE
TO SELL MY PRODUCT TO YOU COMPANY ON *Universal Ticket*

SELLER JO ANNA CANZONERI MCCORMICK

Buyer "Exhibit A" attached hereto and made a part hereof

JO ANNA CANZONERI MCCORMICK (seller), referred to as "Seller", sells and bargains the personal property and transfers all of Seller's right and title to the buyer after the buyer signs the purchase agreement, bill of sale and or contracts for full payment, check and or royalties of seller personal property.

DESCRIBE PROPERTY NAME OR DESCRIPTION
(SEE ATTACHMENT DESCRIPTION EXHIBIT "A" *Buyer of said*
PERSONAL PROPERTY ATTACHED HERETO AND MADE A
PART OF THIS BILL OF SALE AS EXHIBIT "A" *Buyer*

Seller warrants that he/she is the lawful owner of the described property and that there are no liens, adverse claims, encumbrances or security agreements, or charges on the property sold herein.

USA (Exhibit "A" Buyer attached hereto and made a part hereof) SAID BUYER, (buyer), acknowledges that the property described herein are used and sold "as is" and "with all faults." This property is sold without warranty of any kind.

This Bill of Sale shall be effective as to the transfer of seller personal property described above in this bill of sale of seller after the purchase agreement, bill of sale and or contracts listed in it as of the date of this bill of sale. *(See Exhibit "A" and "B" for description of product.)*

Seller's Signature JO ANNA CANZONERI MCCORMICK

Jo Anna Canzoneri McCormick

Seller's Printed Name JO ANNA CANZONERI MCCORMICK

USA (see attached Exhibit "A" attached hereto and made a part hereof)

Buyer's Name

Exhibit "A" Buyer's

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island

South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

CONFIDENTIALITY FORM

INVENTOR'S NAME: JO ANNA CANZONERI-MCCORMICK
Product Name Universal Ticket
COMPANY NAME: NONE

ADDRESS:
2609 East 14th Street

CITY: Brooklyn **STATE** New York **ZIP** 11235

TELEPHONE: 718 690 8124 **FAX:**

EMAIL JoAnnaCanzoneriMcComick@outlook.com

NAME OF PRODUCT CONCEPTS: UNIVERSAL Ticket

JO ANNA CANZONERI PERSONALLY ALLOWS USA (See Attached Exhibit "A")
HEREBY ACCEPTS THE ABOVE REFERENCED
PRODUCT CONCEPT FOR THE PURPOSE OF EVALUATION.

USA (See attached Exhibit "A" attached hereto and made a part hereof)
HEREBY AGREES TO MAINTAIN THE CONFIDENTIALITY OF THE CONCEPT TO
THE BEST OF ITS ABILITY AND NOT TO SHOW THIS CONFIDENTIAL
INFORMATION TO ANY THIRD PARTIES
(INCLUDING CUSTOMERS, SUPPLIES, FOCUS AND TEST GROUPS) WITHOUT
INVENTOR'S
PERMISSION.

USA (See attached Exhibit "A" attached hereto and made a part hereof)
HEREBY AGREES WILL ONLY DISCLOSE CONFIDENTIAL INFORMATION TO
ITS EMPLOYEES, AFFILIATES AND VENDORS
ON A NEED TO KNOW BASIS. THIS AGREEMENT DOES NOT COVER
INFORMATION WHICH, PRIOR TO THIS DISCLOSURE,
IS IN THE PUBLIC DOMAIN WAS ALREADY IN POSSESSION OF SUCH
INFORMATION.

USA (see attached Exhibit "A" attached hereto and made a part hereof)
HEREBY AGREES NOT TO USE, SELL OR INCORPORATE THE ABOVE PRODUCT
CONCEPTS AGREES
WITHOUT CONTACTUAL AGREEMENT WITH INVENTOR.

Inventor
BY JoAnna Canzoneri McCormick

Company

Dated July 09, 2015

USA

Exhibit "A" Buyer's

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island

South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

PRODUCT DESCRIPTION FORM

Product Name

Category

xxxx other

Product Description

EXHIBIT " B "

i personally would like a NEW WEBSITE AND APPLICATION to clear a out standing ticket

This is a SIMPLE EASY SAFE AND FAST WEBSITE AND APPLICATION TO USE FOR ALL TICKETS

NO MORE UN-NECESSARY CALLS TO THE COURT HOUSE trying up the already busy telephone calls that employees , clerks and staff receive from individuals all day long to find out about a ticket , ticket costs, amount of money to pay the ticket

This WEBSITE AND APPLICATION would be a followers

TICKET NUMBER (IF YOU HAVE THE TICKET NUMBER)

NAME
ADDRESS
CITY
COUNTY
STATE
ZIP CODE

COURT HOUSE
NAME OF COURT HOUSE
ADDRESS
CITY
TOWN
STATE
ZIP CODE

The person that has the TICKET places in the
informaton ticket number name address city and state
then pays the ticket through a merchant account and or pay pal account set up by ALL
THE COURT HOUSES
in that city or county or state

I personally do not have to run to the court house to
pay my ticket standing in long lines with my ticket
just to pay for a ticket received from a law enforcement
officer

This is JUST A SIMPLE EASY SAFE AND FAST
way to get my ticket cleared and paid at the court house
weither it is a NEW TICKET , LATE TICKET OR
WARRANT TICKET

I personally paid this ticket with a merchant account
or pay pal account and receiving a receipt showing
the ticket is paid without leaving my house to run
to a court house to clear my ticket with a confirmation number

What is your idea's unique features:

Have any companis of affiliated persons seen your product idea

xxxxxxx yes

no

Primary User's sex and age range

Competitive product (s)

Copyright Office fees are subject to change. For current fees, check the Copyright Office website at www.copyright.gov, write the Copyright Office, or call (202) 707-3000.



REGISTRATION NUMBER

TX TXU
Effective Date of Registration

Application Received

Deposit Received
One Two

Fee Received

Examined By

Correspondence

TYPE OR PRINT IN BLACK INK. DO NOT WRITE ABOVE THIS LINE.

Title of This Work:	1	Universal Ticket
Alternative title or title of larger work in which this work was published:		
Name and Address of Author and Owner of the Copyright:	2	Joanna Canzoneri McCormick
Nationality or domicile: Phone, fax, and email:		Phone (718) 690-8124 Fax: Email:
Year of Creation:	3	2015
If work has been published, Date and Nation of Publication:	4	a. Date July 08 2015 (Month, day, and year all required) b. Nation
Type of Authorship in This Work: Check all that this author created.	5	<input checked="" type="checkbox"/> Text (includes fiction, nonfiction, poetry, computer programs, etc.) <input type="checkbox"/> Illustrations <input checked="" type="checkbox"/> Photographs <input checked="" type="checkbox"/> Compilation of terms or data
Signature: Registration cannot be completed without a signature.	6	I certify that the statements made by me in this application are correct to the best of my knowledge.* Check one: <input type="checkbox"/> Author <input type="checkbox"/> Authorized agent X _____
OPTIONAL Name and Address of Person to Contact for Rights and Permissions: Phone, fax, and email:	7	<input type="checkbox"/> Check here if same as #2 above. Joanna Canzoneri McCormick 2609 East 14th Street Brooklyn NY 11235 Phone (718) 690-8124 Fax: Email JoannaCanzoneriMcCormick@outlook.com

8

Certificate will be mailed in window envelope to this address:

Name: Joanna Canzoneri McCormick
Number/Street/Apt: 2609 East 14th Street
City/State/Zip: Brooklyn New York 11235

Complete this space only if you currently hold a Deposit Account in the Copyright Office.

9 Deposit account # Name

DO NOT WRITE HERE Page 1 of Pages

*17 USC § 506(e). Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

Dated 07/09/2015

Universal Ticket

PTO/SB/05 (02-07)

Approved for use through 02/28/2007, OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	
	First Inventor	
	Title	
	Express Mail Label No.	

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input type="checkbox"/> Specification [Total Pages _____] Both the claims and abstract must start on a new page (For information on the preferred arrangement, see MPEP 608.01(s)) Drawing(s) (35 U.S.C. 113) [Total Sheets _____] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Sheets _____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 7. <input checked="" type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Landscape Table on CD 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, items a. - c. are required) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) Name of Assignee _____ 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (PTO/SB/08 or PTO-1448) <input type="checkbox"/> Copies of foreign patent documents, publications, & other information 13. <input type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or equivalent. 17. <input checked="" type="checkbox"/> Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner: _____ Art Unit: _____

19. CORRESPONDENCE ADDRESS

The address associated with Customer Number: _____ OR Correspondence address below

Name	Jo Anna Canzoneri McCormick			
Address	2609 East 14th Street			
City	State	Zip Code		
Country	Telephone	Email		
Signature	Date			
Name (Print/Type)	Registration No.			
	(Attorney/Agent)			

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

outlook

Dated 07/09/2015

Trademark/Service Mark Application, Principal Register, with Declaration

Mark (Identify the mark): Universal Ticket Class No. (if known) _____

To the Assistant Secretary and Commissioner of Patents and Trademarks:

Applicant Name: Jo Anna Canzoneri McCormick

Applicant Address: 2609 East 14th Street
Brooklyn New York 11235

Applicant Entity: (Check one and supply requested information)

Individual — Citizenship (Country): _____

Partnership — Partnership Domicile (State and Country): _____

Names and Citizenship (Country) of General Partners: _____

Corporation — State (Country, if appropriate) of incorporation: _____

Other (Specify Nature of Entity and Domicile): _____

Goods and/or Services:

Applicant requests registration of the above-identified trademark/service mark shown in the accompanying drawing in the United States Patent and Trademark Office on the Principal Register established by the Act of July 5, 1946 (15 U.S.C. 1051 et. seq., as amended.) for the following goods/services:

Basis for Application: (Check one or more, but not both the first and second boxes, and supply requested information)

Applicant is using the mark in commerce on or in connection with the above identified goods/services. (15 U.S.C. 105(a), as amended.) Three specimens showing the mark as used in commerce are submitted with this application.

• Date of first use of the mark anywhere _____

• Date of first use of the mark in commerce which the U.S. Congress may regulate: _____

• Specify the type of commerce _____

(e.g., interstate, between the U.S. and a specified foreign country)

• Specify manner or mode of use of mark on or in connection with the goods/services _____

(e.g., trademark is applied to labels, service mark is used in advertisements)

Applicant has a bona fide intention to use the mark in commerce on or in connection with the above identified goods/services. (15 U.S.C. 1051(b), as amended.)

• Specify intended manner or mode of use of mark on or in connection with the goods or services _____

(e.g., trademark will be applied to labels, service mark will be used in advertisements)

Applicant has a bona fide intention to use the mark in commerce on or in connection with the above identified goods/

Exhibit "A" Buyer's

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island

South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

Exhibit B-A

Website

Universal
Tickets

Ticket Number
Name
Address
City
County
State
Zip Code

Court House
Name of
Court House
Address
City
Town
State
Zip Code

Merchant
Account
or
Pay Pal

Merchant
Account
or
Pay Pal
VISA Account
Expires
Ticket #

Confirmation
Reference
Ticket #
Paid

07/09/2015
John C. McWh