FORM PTO-1618A Expires 06/30/99 OMB 0651-0027 10-30-1998



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	Please record the attached original document(s) or copy(ies).
Submission Type	Conveyance Type \(\mu\ellow\block{\mu}\ellow\block{\mu}\)
_x New	X Assignment License 10-19-9
Resubmission (Non-Recordation) Document ID #	Security Agreement Nunc Pro Tunc Assignment Effective Date
Correction of PTO Error	Merger Month Day Year
Reel # Frame #	9 14 98
Corrective Document	Change of Name
Reel # Frame #	Other
Conveying Party	Mark if additional names of conveying parties attached Execution Date
Name PLANTES ET MEDECINES	9 14 98
Formerly	
Individual General Partnership	Limited Partnership Corporation Association
X Other FRENCH SOCIETE ANONYM	E
X Citizenship/State of Incorporation/Organizat	tion FRANCE
Receiving Party	Mark if additional names of receiving parties attached
ALTERNATION CANDE	
Name PIERRE FABRE SANTE	
DBA/AKA/TA	
Composed of	
Address (line 1) 45. PLACE ABEL GANCE	
Address (line 2)	
Address (line 3) BOULOGNE	FRANCE 92100
City	State/Country Zip Code
	i imiten Pannersino
Individual General Partnership	assignment and the receiving party is
Individual General Partnership Corporation Association	not domiciled in the United States, an appointment of a domestic
Corporation Association	not domiciled in the United States, an appointment of a domestic representative should be attached.
	not domiciled in the United States, an appointment of a domestic representative should be attached.
Corporation Association	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 X Other FRENCH SOCIETE ANONYME X Citizenship/State of Incorporation/Organization	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 X Other FRENCH SOCIETE ANONYME X Citizenship/State of Incorporation/Organization	not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.) ion FRANCE

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

FORM PTO-1 Expres 06/30/99 OMB 0651-0027	618B Page 2	U.S. Department of Commerce Patent and Trademark Office TRADEMARK		
Domestic Re	epresentative Name and Address Enter for the first Receiving Pa	rty only.		
Name [THE FIRM OF GORDON W. HUESCHEN			
Address (line 1)	715 THE "H" BUILDING			
Address (line 2)	310 EAST MICHIGAN AVENUE			
Address (line 3)	KALAMAZOO, MICHIGAN 49007			
Address (line 4)				
Corresponde	ent Name and Address Area Code and Telephone Number (616) 3	82-0030		
Name	THE FIRM OF GORDON W. HUESCHEN			
Address (line 1)	715 THE "H" BUILDING			
Address (line 2)	310 EAST MICHIGAN AVENUE			
_	KALAMAZOO, MICHIGAN 49007			
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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).				
Trade	mark Application Number(s) Registration Number(s) 2,053,164	nber(s)		
	2,033,104			
	J			
Number of Properties Enter the total number of properties involved. #1				
For Amount 1 For Amount (- D. 11 11 11 17 OFR 2 14)				
Method of	Fee Amount for Properties Listed (37 CFR 3.41): \$40.0 Payment: Enclosed X Deposit Account	10		
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: # 08,3220				
	Deposit Account Number: #[08,3	3220		
	Authorization to charge additional fees: Yes	X 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.				
G. W. HUESC	THEN DANKAINAM K	0/16/98		
	Person Signing Signature	Date Signed		

ASSIGNMENT

PLANTES ET MEDECINES, a FRENCH SOCIÉTÉ ANONYME, having a place of business at LE PAYRAT, 46000 CAHORS, FRANCE, for and in consideration of the sum of One Dollar (\$1.00) and other valuable consideration, the receipt whereof is hereby acknowledged, does hereby sell, assign, and transfer unto PIERRE FABRE SANTE, a FRENCH SOCIÉTÉ ANONYME, having a place of business at 45, PLACE ABEL GANCE, 92100 BOULOGNE, FRANCE, its successors and assigns, its entire right, title and interest in and to the following United States trademark and trademark **REGISTRATION**:

	REGISTRATION	REGISTRATION
<u>MARK</u>	NUMBER	DATE
ELUSANES	2,053,164	APRIL 15, 1997

together with that part of the goodwill of the business of PLANTES ET MEDECINES connected with and/or connected with the use of, and/or symbolized by, the said word as a trademark or tradename or as a part thereof, including any and all rights of action for infringement of the said trademark which may have accrued prior to the effective date of this assignment.

IN WITNESS WHEREOF, PLANTES ET MEDECINES has caused this instrument to be executed by its duly authorized representative(s) and has caused its corporate seal (if any) to be affixed as of this 14th day of September 1998.

Name typed: EYCHENNE

Office: President

CORPORATE SEAL

PLANTES & MEDECINES Le Payrat - 46000 CAHORS (FRANCE)

Tél: 05.65.23.57.00 - Télex: 533 735

Télécopie: 05-65-22-67-87

ATTEST:

RECORDED: 10/19/1998

(Office)

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