
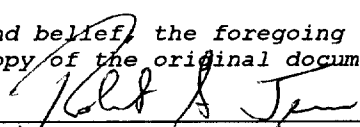


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Form PTO 1595		RECORDATION FORM COVER TRADEMARKS ONLY		 101405487		COMMERCE mark Office	
To Honorable Commissioner of Patents and Trademarks: Office of Public Records, Crystal Gateway 4, Room 335, Washington, D.C. 20231							
Please record the attached original document(s) or copy thereof.							
1. Name of Conveying Party(ies): Mother's Little Miracle, Inc. <input type="checkbox"/> Individual <input type="checkbox"/> Association <input type="checkbox"/> Security Agreement <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no				2. Name and address of receiving party(ies): Name : Paramount Chemical Specialties, Inc. Internal Address : P.O. Box 124, Street Address : City/State/Zip : Redmond, WA 98073-0124 <input type="checkbox"/> Individual <input type="checkbox"/> Association <input type="checkbox"/> Security Agreement <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____ If assignee is not domiciled in the United States, a domestic Representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Additional names addresses attached <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: 05/17/2000							
4. Application number(s) or registration number(s): If this document is being filed together with a new application, the execution date of the applic: A. Trademark Application No.(s) B. Trademark Registrat 06-09-2000 1,806,871 U.S. Patent & TMO/TM Mail Rcpt Dt. #54 Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
5. Name and address of party to whom correspondence concerning documents should be mailed: Robert A. Jensen JENSEN & PUNTIGAM 1020 United Airlines Bldg 2033 Sixth Avenue Seattle, WA 98121-2584				6. Total number of applications and patents involved:[1] 7. Total fee (37 CFR 3.41) \$40.00 <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit Account number: 07-1900 (Attach duplicate copy of this page if paying by deposit account)			
07/14/2000 ASCBTT 00000196 1806871 01 FC:481 40.00 OP 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. Robert A. Jensen  June 6, 2000 Name of Person signing Signature Date Total number of pages comprising cover sheet: [3]							

ASSIGNMENT OF TRADEMARK REGISTRATION

WHEREAS, Mother's Little Miracle, Inc. (hereinafter ASSIGNOR), having an address of 27520 Hawthorne Blvd. Ste. 125, Rolling Hills Estates, CA 90274, has adopted and is using the mark INSTANT (copy attached) (hereinafter the Trademark), which is registered in the United States Trademark Office, Registration No. 1,806,871, dated November 23, 1993; and

WHEREAS, ASSIGNOR asserts that it has rights in the trade dress (hereinafter Trade Dress) (copy attached); and

WHEREAS, Paramount Chemical Specialties, Inc. (hereinafter ASSIGNEE), having an address of P.O. Box 124, Redmond, WA 98073-0124, desires to acquire the Trademark and the registration thereof, as well as the Trade Dress;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, ASSIGNOR does hereby assign unto ASSIGNEE all right, title, interest in and to the Trademark and the Trade Dress, together with the goodwill of the business symbolized by the Trademark and the Trade Dress, and the above-identified registration of the Trademark.

May 17, 2000
Date

MOTHER'S LITTLE MIRACLE, INC.

By: Mindy Weiss, President

State of _____)
County of _____):ss



06-09-2000

U.S. Patent & TMO/TM Mail RptDt. #54

I certify that I know or have satisfactory evidence that Mindy Weiss is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

By: _____
Title: Notary Public

Residing at: _____

My appointment expires: _____

SEE ATTACHMENT
FOR NOTARY'S SEAL
AND SIGNATURE.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT



State of California

County of Los Angeles

SS.

06-09-2000

U.S. Patent & TMO/TM Mail Rpt Dt. #54

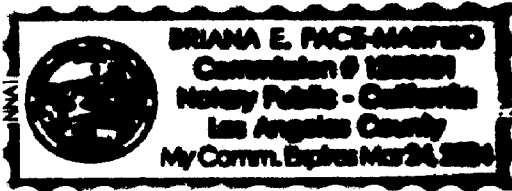
On May 17th, 2000, before me, Briana E. Pace-Marfizo Notary Public

Date

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Mindy Weiss

Name(s) of Signer(s)



☐ personally known to me

☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal Above

WITNESS my hand and official seal.

Briana E. Pace-Marfizo
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Assignment of Trademark Registration

Document Date: May 17th, 2000 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: Mindy Weiss

☐ Individual

☒ Corporate Officer — Title(s): President

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER

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