

07-28-2000



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RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID # _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment License
 - Security Agreement Nunc Pro Tunc Assignment
 - Merger Change of Name
 - Other _____
- Effective Date
Month Day Year

Conveying Party

Mark if additional names of conveying parties attached

Name Health Trip Foods, Inc.

Execution Date
Month Day Year
03292000

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization Commonwealth of Massachusetts

Receiving Party

Mark if additional names of receiving parties attached

Name Maranatha Acquisition Corp.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 710 Jefferson Avenue

Address (line 2) _____

Address (line 3) Ashland

Oregon

97520

City

State/Country

Zip Code

- Individual General Partnership Limited Partnership

Corporation Association

Other _____

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Citizenship/State of Incorporation/Organization Delaware

FOR OFFICE USE ONLY

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Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002110 FRAME: 0109

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

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).

Trademark Application Number(s)

Registration Number(s)

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

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.

Pamela E. Lawson

Pamela E. Lawson

6/29/00

Name of Person Signing

Signature

Date Signed

By Paula E. Lawson

ASSIGNMENT OF REGISTERED TRADEMARK

Health Trip Foods, Inc. a corporation organized and existing under the laws of the commonwealth of Massachusetts and having its principal place of business at 50 Beharrell Street, Concord, Massachusetts ("Assignor"), are the owners of the following trademark ("Mark") now registered on the principal register of the United States Patent and Trademark Office:

<u>Trademark</u>	<u>Registration No.</u>	<u>Registration Date</u>
HEALTH-TRIP	2,096,583	September 16, 1997

For good and valuable consideration, Assignor hereby assigns to Maranatha Acquisition Corp. ("Assignee"), their entire right, title and interest in and to the Mark and its related federal registration together with the goodwill of the business symbolized by the Mark and registration, with all rights of action, powers and benefit to the Mark, due or accrued, including the right to sue for and recover in the Assignee's own name and that of its successors and assigns and other legal representatives all remedies of every nature, including without limitation rights to injunctive relief, damages, profits, costs and attorney fees, arising out of past infringement of the Mark, or injury to the related goodwill.

Executed and effective this 29th day of MARCH, 2000.

Health Trip Foods, Inc. ("Assignor")

By: [Signature]
Name: EILEEN D. MCGHEE
Title: PRESIDENT

COMMONWEALTH OF MASSACHUSETTS

Suffolk) ss. MARCH 29, 2000

On MARCH 29, 2000, before me personally appeared Eileen P. McGhee, President of Health Trip Foods, Inc., on behalf of the corporation, to me known, who being by me duly sworn did depose and say that he/she has authority as an officer of the corporation to execute the foregoing instrument.

[Signature]
Notary Public
My commission expires: _____

C. FORBES SARGENT III
NOTARY PUBLIC
My Commission Expires July 26, 2002