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

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Resubmission (Non-Recordation Document ID # Correction of PTO Error	Security Agreement Nunc Pro Tunc Assignment Effective Date Month Day Year
Reel # Frame # Corrective Document Reel # Frame #	Change of Name Other
Conveying Party	Mark if additional names of conveying parties attached Execution Date
Name Health Trip Foods, Inc	Month Day Year
	nip Limited Partnership Corporation Association
Other	
X Citizenship/State of Incorporation/O	rganization Commonwealth of Massachusetts
Receiving Party	and if additional names of acciding position attached
Receiving raity	Mark if additional names of receiving parties attached
Name Maranatha Acquisitio	•
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Name Maranatha Acquisitio	•
Name Maranatha Acquisitio	on Corp.
Name Maranatha Acquisition DBA/AKA/TA Composed of	on Corp.
Name Maranatha Acquisition DBA/AKA/TA Composed of 710 Jefferson Avenue	Oregon 97520 Zip Code
Name Maranatha Acquisition DBA/AKA/TA Composed of Address (line 1) 710 Jefferson Avenue Address (line 2) Ashland City Individual General Partners X Corporation Association	Oregon State/Country Limited Partnership 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
Name Maranatha Acquisition DBA/AKA/TA Composed of Address (line 1) 710 Jefferson Avenue Address (line 2) Ashland City Individual General Partners X Corporation Association Other	Oregon State/Country Limited Partnership 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.)
Name Maranatha Acquisition DBA/AKA/TA Composed of Address (line 1) 710 Jefferson Avenue Address (line 2) Ashland City Individual General Partners X Corporation Association	Oregon State/Country Limited Partnership 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.)

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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

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Address (line 1) Address (line 2) Address (line 2) Correspondent Name and Address Area Code and Telephone Number 503.294.9584 Name	Domestic R	epresentative Name and Addres	Enter for the first Receiving P	arty only.		
Address (line 3) Address (line 3) Address (line 3) Correspondent Name and Address Area Code and Telephone Number 503, 294, 9584 Name	Name					
Address (line 4) Correspondent Name and Address Area Code and Telephone Number 503.294.9584 Name John C. Motley Address (line 2) Stoel Rives ILLP Address (line 3) Portland, OR 97204 Trademark Application 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 (g. Nor Settler BOTH numbers for the same property). Trademark Application Number(s) Registration Number(s) Trademark Application Number(s) Registration Number(s) Registration Number(s	Address (line 1)					
Address (line 4) Correspondent Name and Address Area Code and Telephone Number 503.294.9584 Name John C. Motley Address (line 1) Stoel Rives ILIP Address (line 2) 900 SN Fifth Avenue, Ste. 2600 Address (line 3) Portland, OR 97204 Address (line 3) Portland, OR 97204 Address (line 3) Portland, OR 97204 Trademark Application Number of pages of the attached conveyance document # 1 Including any attachments. Trademark Application Number(s) or Registration Number(s) Mark if additional numbers attached Enter either the Trademark Application Number of the Same property). Trademark Application Number(s) Registration Number (s) Poposit Number(s) Registration Number(s) Trademark Application Number(s) Poposit Account Number of Properties Enter the total number of properties involved. # 1 Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00 Number of Payment: Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the 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 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. Pamela E. Lawson	Address (line 2)					
Name John C, Motley Address (line 1) Stoel Rives LLP Address (line 2) 900 SN Fifth Avenue, Ste. 2600 Address (line 3) Portland, OR 97204 Address (line 4) Portland, OR 97204 Address (line 4) Portland, OR 97204 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 of the Registration Number (DO NOT ENTER BOTH numbers for the same property). Trademark Application Number(s) Registration Number(s) Registration Number(s	Address (line 3)					
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Name of Person Signing Signature Daté Signed		1	ela E. Jawson	6/29/00		
	Name	of Person Signing	Signature	Daté Signed		

TRADEMARK
REEL: 002110 FRAME: 0110

A TRUE COPY STOEL RIVES

Registration Date

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:

Registration No.

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 29 day of MARCH, 2000. Health Trip Foods, Inc. ("Assignor") Name: ELECT O Title: COMMONWEALTH OF MASSACHUSETTS Suffolk ss. MARCH Z9, 2000 On MARCH 29, 2000, before me personally appeared Eileen ?, Mozivarzy Michiel 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.

Notary Public

My commission expires:

C. FORBES SARGENT III

NOTARY PUBLIC

My Commission Expires July 26, 2002

PortInd2-4243588.1 0032401-00007

RECORDED: 07/03/2000

Trademark

TRADEMARK
REEL: 002110 FRAME: 0111