

03-13-2001



101635715

Re
3-2-01

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

Execution Date
Month Day Year

Name Associated Vintage Group, Inc.

06292000

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization California

Receiving Party

Mark if additional names of receiving parties attached

Name Codera Production Group, LLC

DBA/AKA/TA _____

Composed of _____

Address (line 1) 9060 Graton Road

Address (line 2) _____

Address (line 3) Graton
City

California
State/Country

95444
Zip Code

- Individual General Partnership Limited Partnership
- Corporation Association
- Other Limited liability company
- Citizenship/State of Incorporation/Organization California

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.)

FOR OFFICE USE ONLY

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

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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text" value="0354486"/>	<input type="text" value="1533184"/>	<input type="text" value="1548561"/>
<input type="text" value="1575396"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

John R. Capron
Name of Person Signing


Signature

6/29/00
Date Signed

12-06-2000



101542244

NOV 14

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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Submission Type

- New
- Resubmission (Non-Recordation)
Document ID # _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # 002109 Frame # 0923

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger Change of Name
- Other Document previously recorded at Reel 002109, Frame 0923 contained an error in Reg. # 1533184. Document re-recorded to correct error on stated reel.

Effective Date
Month Day Year

Conveying Party

Mark if additional names of conveying parties attached

Name Associated Vintage Group, Inc.

Execution Date
Month Day Year
06292000

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization California

Receiving Party

Mark if additional names of receiving parties attached

Name Codera Production Group, LLC

DBA/AKA/TA _____

Composed of _____

Address (line 1) 9060 Graton Road

Address (line 2) _____

Address (line 3) Graton California 95444

- Individual General Partnership Limited Partnership Corporation Association
- Other Limited Liability Company

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 _____

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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text" value="1553184"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

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Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

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Enclosed

Deposit Account

Deposit Account

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

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Authorization to charge additional fees:

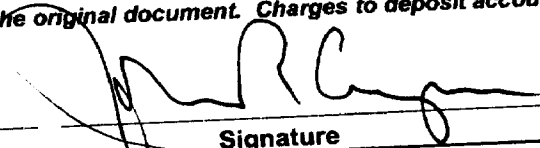
Yes No

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.

John R. Capron

Name of Person Signing



Signature

11/6/00

Date Signed

ASSIGNMENT OF TRADEMARKS

WHEREAS, Associated Vintage Group, Inc. ("Assignor"), a California corporation, located and doing business at 9119 Graton Road, Graton, California 95444, has adopted, used and is using the trademarks (the "Marks") and is the owner of the United States registrations thereof (the "Registrations") identified in the attached Schedule A; and

WHEREAS, Codera Production Group, LLC ("Assignee"), a California limited liability company, located and doing business at 9060 Graton Road, Graton, CA 95444, has acquired all rights, title and interest in and to the Marks and registrations thereof, pursuant to an Asset Purchase and Sale Agreement between Assignor and Codera Wine Group, Inc. dated as of May 25, 2000; and

WHEREAS, Assignor and Assignee desire that the transfer of the Marks and the Registrations thereof be evidenced by a written assignment of the Marks from Assignor to Assignee;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, Assignor does hereby assign unto Assignee, and its successors and assigns, all rights, title and interest in the Marks throughout the world, whether common law, statutory or otherwise, together with the goodwill of the business symbolized by the Marks, and any and all applications for registration thereof, and any and all registrations thereof (including without limitation the Registrations), whether existing or expired or cancelled, in the United States, in any state, territory or possession of the United States, and in any foreign country or elsewhere.

Dated: June 29, 2000.

ASSOCIATED VINTAGE GROUP, INC.

By: Thomas R. Ehl
Its: Chief Financial Officer

By: Kit Aodh
Its: Executive Vice President

[NOTARY ACKNOWLEDGMENT ATTACHED HERETO]

Schedule A

<u>Trademark</u>	<u>Reg. Number</u>	<u>Reg. Date</u>
FOUNTAINGROVE	1,548,561	7/18/89
FOUNTAINGROVE PURITAS and design	354,486	2/15/38
FG and design	1,575,396	1/2/90
FOUNTAINGROVE ROUND BARN and design	1,553,184	8/22/89

State of California
County of San Francisco

On 6-29-2000 before me, Diann Lackey
(DATE) (NAME/TITLE OF OFFICER; i.e. "JANE DOE, NOTARY PUBLIC")

personally appeared Thomas R. Eakin
(NAME(S) OF SIGNER(S))
and Kent Godwin

personally known to me -OR-

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.



Witness my hand and official seal.

(SEAL)

Diann Lackey
(SIGNATURE OF NOTARY)

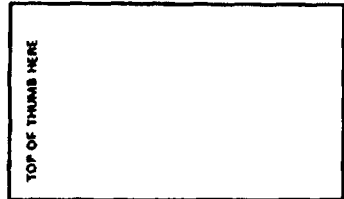
ATTENTION NOTARY

The information requested below and in the column to the right is OPTIONAL. Recording of this document is not required by law and is also optional. It could, however, prevent fraudulent attachment of this certificate to any unauthorized document.

THIS CERTIFICATE
MUST BE ATTACHED
TO THE DOCUMENT
DESCRIBED AT RIGHT:

Title or Type of Document _____
Number of Pages _____ Date of Document _____
Signer(s) Other Than Named Above _____

RIGHT THUMBPRINT (Optional)

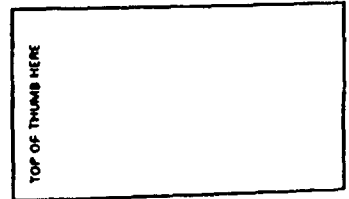


CAPACITY CLAIMED BY SIGNER(S)
 INDIVIDUAL(S)
 CORPORATE _____

OFFICER(S) _____ (TITLES)
 PARTNER(S) LIMITED
 GENERAL
 ATTORNEY IN FACT
 TRUSTEE(S)
 GUARDIAN/CONSERVATOR
 OTHER: _____

SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)
 INDIVIDUAL(S)
 CORPORATE _____

OFFICER(S) _____ (TITLES)
 PARTNER(S) LIMITED
 GENERAL
 ATTORNEY IN FACT
 TRUSTEE(S)
 GUARDIAN/CONSERVATOR
 OTHER: _____

SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))

