

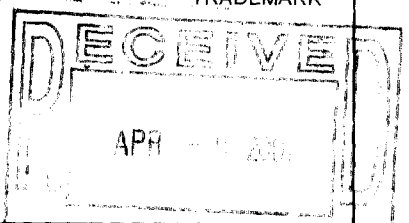
4-5-01

04-18-2001



101678223

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK



**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 **Musco Olive Products Co., Inc.**

Formerly _____

Execution Date
Month Day Year
01241983

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization **California** 1887996

Receiving Party Mark if additional names of receiving parties attached

Name **Musco Olive Products, Inc.**

DBA/AKA/TA _____

Composed of _____

Address (line 1) **17950 Via Nicolo**

Address (line 2) _____

Address (line 3) **Tracy** **CA** **95376**
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 **California**

FOR OFFICE USE ONLY

04-18-2001 08:48:00 000:0056 18A7536

40.00 03

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: 002273 FRAME: 0602**

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 **415 781 1989**

Name **Robert B. Chickering, Esq.**

Address (line 1) **FLEHR HOHBACH TEST ALBRITTON & HERBERT LLP**

Address (line 2) **4 Embarcadero Center**

Address (line 3) **Suite 3400**

Address (line 4) **San Francisco, CA 94111**

Pages Enter the total number of pages of the attached conveyance document including any attachments. # **0**

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"/>	1887996	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved. # **1**

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ **40**

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: # **06-1300 (TA-46430-8)**

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.

Robert B. Chickering  **4/3/01**

Name of Person Signing Signature Date Signed

SUPPORTING DOCUMENTATION FOR TRADEMARK
CHANGE OF NAME DOCUMENTS IS

NO LONGER REQUIRED

UNDER THE

TRADEMARK LAW TREATY ACT

EFFECTIVE

OCTOBER 30, 1999