

05-29-2001



Form PTO-1594  
(Rev. 03/01)  
OMB No. 0651-0027 (exp. 5/31/2002)

101733247

U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

TRADEMARKS ONLY

Tab settings

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Pacmark Corporation

- Individual(s)
- General Partnership
- Corporation-State
- Other
- Association
- Limited Partnership

Additional name(s) of conveying party(ies) attached?  Yes  No

3. Nature of conveyance:

5-23-01

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

Execution Date: July 9, 1998

2. Name and address of receiving party(ies)

Name: Coastwide Laboratories, Inc.  
Internal Address: \_\_\_\_\_

Street Address: 10000 SW Commerce Circle

City: Wilsonville State: OR Zip: 97070

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State
- Other

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
(Designations must be a separate document from assignment)  
Additional name(s) & address(es) attached?  Yes  No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1,828,767

Additional number(s) attached  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Charles D. McClung, Esq.

Internal Address: \_\_\_\_\_

Street Address: 1600 ODS Tower

601 S.W. Second Avenue

City: Portland State: OR Zip: 97204

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 3.41).....\$ 40.00

- Enclosed (previously)
- Authorized to be charged to deposit account

8. Deposit account number: 03-1550

(Attach duplicate copy of this page if paying by deposit account)

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.

Charles D. McClung

Name of Person Signing

Signature

May 26, 2001

Date

Total number of pages including cover sheet, attachments, and document:

7

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patent & Trademarks, Box Assignments  
Washington, D.C. 20231

TRADEMARK  
REEL: 002303 FRAME: 0894

LAW OFFICES  
CHERNOFF, VILHAUER, MCCLUNG & STENZEL, LLP

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~~Free~~  
D  
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DAVID S. FINE  
SENIOR LAW CLERK

DANIEL P. CHERNOFF  
(1935-1995)

03-15-2001



101637296

November 29, 2000



12-04-2000

U.S. Patent & TMO/TM Mail Rpt Dt. #11

12-4-00

Our File: 1308.002

Assistant Commissioner for Trademarks  
ATTENTION: BOX POST REG--FEE  
2900 Crystal Drive  
Arlington, VA 22202-3513

The PTO did not receive the following  
listed item(s) no document

Re: Trademark Registration No. 1,828,767 for QUICK  
MIX, in Class 7, Granted March 29, 1994

Dear Sir:

Enclosed for recording are a certified copy of Articles  
of Amendment for a corporate name change, a check in the amount  
of \$40, and a return acknowledgment postcard.

To avoid any delays in filing the enclosed, the  
Commissioner is authorized to charge payment for any required  
fees not included herewith, or credit any overpayment related  
thereto, to Deposit Account No. 03-1550. A duplicate copy of  
this letter is enclosed.

Respectfully submitted,

Charles D. McClung

CDM/lma  
Enclosures

40E

CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

*That the attached copy of the*  
**Articles of**  
**Amendment**  
*filed on*  
**July 10, 1998**  
*for*  
**PACMARK CORPORATION**

*changing the name to*  
**COASTWIDE LABORATORIES, INC.**

*is a true copy of the original*  
*document*  
*that has been filed with this office.*

*In Testimony Whereof, I have hereunto set*  
*my hand and affixed hereto the Seal of the*  
*State of Oregon.*

**BILL BRADBURY**, Secretary of State



By Debra L. Virag  
Debra L. Virag  
November 16, 1999



Phone: (503) 986-2200 \*  
Fax: (503) 378-4381

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327

Articles of Amendment—Business/Professional/Nonprofit

Check the appropriate box below:

For office use only

- BUSINESS/PROFESSIONAL CORPORATION  
(Complete only 1, 2, 3, 4, 6, 7)
- NONPROFIT CORPORATION  
(Complete only 1, 2, 3, 5, 6, 7)

FILED

JUL 10 1998

OREGON  
SECRETARY OF STATE

Registry Number: 118378-12

Attach Additional Sheet if Necessary  
Please Type or Print Legibly in Black Ink

- 1) NAME OF CORPORATION PRIOR TO AMENDMENT PACMARK CORPORATION
- 2) STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ. (Attach a separate sheet if necessary)  
Article 1 of the Restated Articles of Incorporation is amended in its entirety to read as follows: The name of the corporation is Coastwide Laboratories, Inc.
- 3) THE AMENDMENT WAS ADOPTED ON: July 9, 1998  
(If more than one amendment was adopted, identify the date of adoption of each amendment.)

BUSINESS/PROFESSIONAL CORPORATION ONLY

4) CHECK THE APPROPRIATE STATEMENT

Shareholder action was required to adopt the amendment(s). The vote was as follows:

Class or series of shares	Number of shares outstanding	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST
Common Stock	1,394,920	1,394,920	1,394,920	0

- Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.
- The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the incorporators or by the board of directors.

NONPROFIT CORPORATION ONLY

5) CHECK THE APPROPRIATE STATEMENT

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required. The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

6) EXECUTION

Printed Name

Signature

Title

W. Grant Watkinson

President

7) CONTACT NAME

Susan E. Kipper

DAYTIME PHONE NUMBER

503-727-2000

FEES

Make check for \$10 payable to "Corporation Division."

NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

*Handwritten initials and date: 7/10*