

11.19.01



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Form PTO-1594

(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

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RECORDA

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TRADEMARKS ONLY

DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

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

1. Name of conveying party(ies):

Roberta K. Harman

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

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

2. Name and address of receiving party(ies)

Name: Roblin Group, LLC

Internal Address: Suite 24

Street Address: 15 Spinning Wheel Dr.

City: Hinsdale State: IL Zip: 60521

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

Other Limited Liability Company, IL

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

3. Nature of conveyance:

- Assignment       Merger
- Security Agreement       Change of Name

Other Record to correct typo on document

Execution Date: Recorded at reel 2277, frame 0227, 03-30-01

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

A. Trademark Application No.(s)

75/901,578

B. Trademark Registration No.(s)

Additional number(s) attached  Yes  No

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

Name: Colleen Connors Butler

Internal Address: BRINKS HOFER GILSON & LIONF

Street Address: 455 N. Cityfront Plaza  
P.O. Box 10395

City: Chicago State: IL Zip: 60610

6. Total number of applications and registrations involved: \_\_\_\_\_

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

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number: \_\_\_\_\_

(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.

Colleen Connors Butler  
Name of Person Signing

Colleen Connors Butler 11-16-2001  
Signature Date

Total number of pages including cover sheet, attachments, and document: 15

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

04-23-2001



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RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

APR 21 2001

10-11-01

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

Conveying Party

Mark if additional names of conveying parties attached

Name **Roberta K. Harman**

Execution Date  
Month Day Year  
**03-30-01**

Formerly

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

Citizenship/State of Incorporation/Organization **Illinois**

Receiving Party

Mark if additional names of receiving parties attached

Name **Roblin Group, LLC**

DBA/AKA/TA

Composed of

Address (line 1) **15 Spinning Wheel Drive**

Address (line 2) **Suite 24**

Address (line 3) **Hinsdale**  
City

**IL/DuPage**  
State/County

**60521**  
Zip Code

- Individual
  - General Partnership
  - Limited Partnership
  - Corporation
  - Association
  - Other **Limited Liability Company**
  - Citizenship/State of Incorporation/Organization **Delaware**
- 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

TRADEMARK  
REEL: 002398 FRAME: 0630

40.00 OP  
25.00 OP

**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" value="75/901,578"/>	<input type="text" value="76/027,373"/>	<input type="text"/>
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**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 deposition account are authorized, as indicated herein.

Colleen Connors Butler

*Colleen Connors Butler*  
Signature

*April 9, 2001*  
Date Signed

Name of Person Signing

**ASSIGNMENT OF TRADEMARKS**


WHEREAS, Roberta K. Harman ("Assignor"), a citizen of Illinois doing business as "On The Go" Products, Inc., with offices at 10536 Cermak Road, Suite 102, Westchester, Illinois 60154, is the owner of the trademarks and pending United States applications for registration therefor, set forth on the attached schedule;

AND WHEREAS, ROBLIN GROUP, LLC ("Assignee"), a limited liability company organized and existing under the laws of Delaware, with offices at 15 Spinning Wheel Drive, Hinsdale, Illinois 60521, is desirous of acquiring said trademark, the entire business associated with the trademark, and the pending applications for said trademark;


NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, Assignor does hereby sell, assign and transfer unto said Assignee all right, title and interest in and to said trademark together with the business associated therewith and the goodwill of the business symbolized by said trademark and the application therefor.

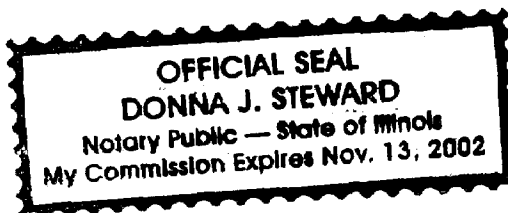
ROBERTA K. HARMAN

Date: 3/30/01

By:   
Roberta K. Harman

On this 30 day of March, 2001, before me, a Notary Public, personally appeared Roberta K. Harman, personally known to me to be the person whose name is subscribed to the foregoing instrument, and who signed her name to said instrument under said authority.

  
Notary Public



**Trademarks Assigned from Roberta K. Harman to Roblin Group, LLC**

<b><u>Mark</u></b>	<b><u>Serial No.</u></b>	<b><u>Filing Data</u></b>	<b><u>Goods</u></b>
LOLLIKIDS & Design	75/901,587	January 22, 2000	Medically treated lollipops for the treatment in children of coughs, fevers, ear aches, tummy aches, teething discomfort, sleeping problems, running nose, irritated eyes and sneezing from allergies, flu and colds, and breathing problems caused by asthma
ALLERGENZE (Stylized)	76/027,373	April 18, 2000	Medically treated candies in lozenge form that relieve allergy symptoms such as but not limited to itchy watery eyes, sneezing, runny nose, natural congestion The lozenges come in a variety of flavors including great peppermint, cherry and honey lemon The lozenges contain eight natural ingredients as follows-- Phosphorus, pulsatilla, sulphur, ambrosia, nux vomica, solidago virgaurea, euphrasia officinalis and allium cepa Other ingredients include corn syrup, surcrose, peppermint oil, citric acid, natural colors and flavors