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REPTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇌ ⇌ ⇌

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U.S. 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.

<p>1. Name of conveying party(ies): STONESTREET, LLC</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input checked="" type="checkbox"/> Other LIMITED LIABILITY COMPANY</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Name: JACKSON FAMILY FARMS, LLC Internal Address: LEGAL DEPT. Street Address: 8741 BROOKS ROAD SOUTH City: WINDSOR State: CA Zip: 95492</p> <p><input type="checkbox"/> Individual(s) citizenship <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input checked="" type="checkbox"/> Other CALIFORNIA LIMITED LIABILITY COMPANY</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Nature of conveyance: <input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other</p> <p>Execution Date: 07/01/2002</p>	

<p>4. Application number(s) or registration number(s): A. Trademark Application No.(s) 75821755</p>	<p>B. Trademark Registration No.(s) 2350328 and 2464930</p>
Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: LIZ BERMUDEZ Internal Address: JACKSON ENTERPRISES</p> <p>09/13/2002 6TON11 00000058 75821755</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;">40.00 OP</td> </tr> <tr> <td></td> <td style="text-align: right;">50.00 OP</td> </tr> </table> <p>Street Address: 425 AVIATION BLVD.</p> <p>City: SANTA ROSA State: CA Zip: 95403</p>		40.00 OP		50.00 OP	<p>6. Total number of applications and registrations involved: 3</p> <p>7. Total fee (37 CFR 3.41).....\$ 120.00</p> <p><input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number:</p>
	40.00 OP				
	50.00 OP				

DO NOT USE THIS SPACE

9. Signature.

LIZ BERMUDEZ *Liz Bermudez* 9-6-02

Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 4

Refund Ref: 09/13/2002 6TON11 0000120757

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

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State of California



SECRETARY OF STATE

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 3 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JUL - 1 2002



Bill Jones

Secretary of State



State of California
 Bill Jones
 Secretary of State

ENDORSED - FILED
 in the office of the Secretary of State
 of the State of California

JUL - 1 2002

BILL JONES, Secretary of State

**LIMITED LIABILITY COMPANY
 CERTIFICATE OF MERGER**

(Corporations Code Section 17552)

**Filing Fee – Please see instructions.
 IMPORTANT – Read instructions before completing this form.**

This Space For Filing Use Only

1. Name of surviving entity: JACKSON FAMILY FARMS, LLC	2. Type of entity: LLC	3. Secretary of State File Number: 199534610021	4. Jurisdiction: CALIFORNIA
5. Name of disappearing entity: STONESTREET, LLC	6. Type of entity: LLC	7. Secretary of State File Number: 199534610017	8. Jurisdiction: CALIFORNIA
9. Future effective date, if any:	JULY Month	01 Day	2002 Year

10. If a vote was required pursuant to Section 17551 or Section 1113, enter the outstanding interests of each class entitled to vote on the merger and the percentage of vote required:			
<u>Surviving Entity</u>		<u>Disappearing Entity</u>	
<u>Each class entitled to vote</u>	<u>Percentage of vote required</u>	<u>Each class entitled to vote</u>	<u>Percentage of vote required</u>
SINGLE MEMBER INTERESTS	100%	SINGLE MEMBER INTERESTS	100%

11. The principal terms of the agreement of merger were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required.

SECTION 12 IS ONLY APPLICABLE IF THE SURVIVING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, COMPLETE ITEM 12 AND PROCEED TO ITEM 15.

12. Requisite changes to the information set forth in the Articles of Organization of the surviving limited liability company resulting from the merger. Attach additional pages if necessary.

SECTIONS 13 AND 14 ARE APPLICABLE IF THE SURVIVING ENTITY IS A FOREIGN LIMITED LIABILITY COMPANY OR OTHER BUSINESS ENTITY. COMPLETE ITEMS 13 AND 14.

13. Principal business address of the surviving foreign limited liability company or other business entity:

Address:

City: State: Zip Code:

14. Other information required to be stated in the Certificate of Merger by the laws under which each constituent other business entity is organized. Attach additional pages if necessary.

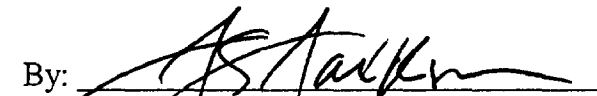
15. Number of pages attached, if any: 2

16. I certify that the statements contained in this document are true and correct of my own knowledge. I declare that I am the person who is executing this instrument, which execution is my act and deed.

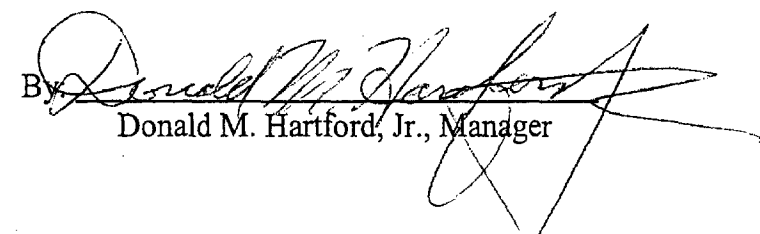
SEE ATTACHED			
Signature of Authorized Person for the Surviving Entity	Date	Type or Print Name and Title of Person Signing	Date
Signature of Authorized Person for the Surviving Entity	Date	Type or Print Name and Title of Person Signing	Date
SEE ATTACHED			
Signature of Authorized Person for the Disappearing Entity	Date	Type or Print Name and Title of Person Signing	Date
Signature of Authorized Person for the Disappearing Entity	Date	Type or Print Name and Title of Person Signing	Date

Surviving Entity:

JACKSON FAMILY FARMS, LLC


By: 
Jess S. Jackson, Manager

By: 
Barbara R. Banke, Manager

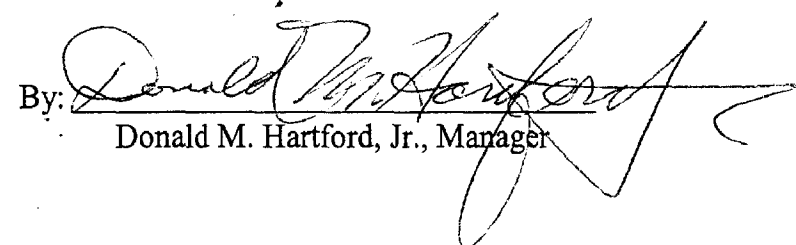
By: 
Donald M. Hartford, Jr., Manager

Disappearing Entity:

STONESTREET, LLC

By: 
Jess S. Jackson, Manager

By: 
Barbara R. Banke, Manager

By: 
Donald M. Hartford, Jr., Manager