

Docket No. BAFP 5 13116 F2

FORM PTO-1594  
(Rev. 10-96)

OMB No. 0651-0011 (exp. 4/94)

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE  
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):  
Real Fresh, Inc.

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

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

3. Nature of conveyance:  
 Assignment                       Merger  
 Security Agreement               Change of Name  
 Other \_\_\_\_\_

2. Name and address of receiving party(ies):  
Name: AFP advanced food produces llc

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

Street Address: 402 S. Custer Avenue

City New Holland                      State PA                      Zip 17557

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State \_\_\_\_\_  
 Other Delaware Limited Liability Company

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
 (Designation must be a separate document from Assignment)

Execution Date: April 2, 2002

4. Application number(s) or registration number(s):  
A. Trademark Application No.(s) 76/208,559  
(See Schedule A attached)  
Additional numbers attached?  Yes  No

B. Trademark registration No.(s)  
Additional name(s) & address(es) attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
Name: Robert V. Vickers  
Internal Address: \_\_\_\_\_  
Street Address: Fay, Sharpe, Fagan, Minnich & McKee  
1100 Superior Avenue, 7th Floor  
CLEVELAND, OHIO 44114-2579

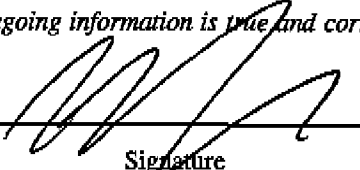
6. Total number of applications and registrations involved: 1

7. Total fee(37 CFR 3.41):.....\$ 40.00  
 Enclosed  
 You are authorized to charge our deposit account for any additional fee required.

8. Deposit account number: 06-0308  
 A duplicate copy of this form is attached

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.

Robert V. Vickers                                            7/2/03

Name of Person Signing                      Signature                      Date

Total number of pages including cover sheet, attachments, and document: 4  
Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents and Trademarks (Mailstop Assignments)  
P.O. Box 1450  
Alexandria, VA 22313-1450

CH \$40.00 060308 76208559



**SCHEDULE A**

<u>Docket No.</u>	<u>Trademark</u>	<u>Serial No.</u>	<u>Filing Date</u>
BAFP 5 13116 F2	REAL FRESH (Word)	76/208,559	02/12/01