2 00 07\$ c

TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type	
Cardinale, LLC		107/01/2002 1	LIMITED LIABILITY COMPANY: CALIFORNIA	

RECEIVING PARTY DATA

Name:	Jackson Family Farms, LLC
Street Address:	421 Aviation Blvd
Internal Address:	Legal Dept
City:	Santa Rosa
State/Country:	CALIFORNIA
Postal Code:	95403
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	2608069	ATALON

CORRESPONDENCE DATA

Fax Number: (707)547-4767

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 707-544-4000

Email: liz.bermudez@kjmail.com
Correspondent Name: Jackson Enterprises
Address Line 1: 421 Aviation Blvd

Address Line 2: Legal Dept

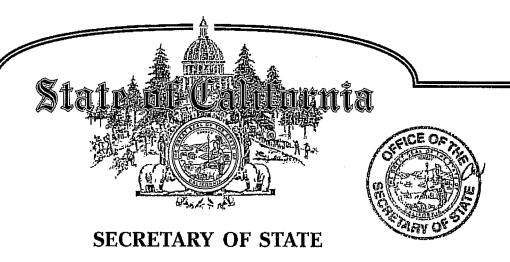
Address Line 4: Santa Rosa, CALIFORNIA 95403

NAME OF SUBMITTER: Liz Bermudez

Total Attachments: 3

source=Cardinale Cert of Merger#page1.tif source=Cardinale Cert of Merger#page2.tif source=Cardinale Cert of Merger#page3.tif

> TRADEMARK REEL: 002789 FRAME: 0779



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

Secretary of State

Sec/State Form CE-107 (rev. 9/98)

REEL: 002789 FRAME: 0780



State of California 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.

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

JUL - 1 2002

BILL JONES, Secretary of State

			mg tine tottin		This S	oace For Filin	g Use Only
Name of surviving entity:	2. Type of entity:	: 3	Secretary of Sta	ite File Nu	mber:	4. Jurisdiction	
JACKSON FAMILY FARMS, LLC	LLC		199534610021			CALIFORNI	A
Name of disappearing entity: CARDINALE, LLC	6. Type of entity: LLC	7	7. Secretary of State File Number: 199534610019		mber:	8. Jurisdiction CALIFORNI	
9. Future effective date, if any: சர			01	Day	2002	Year	
10. If a vote was required pursuant to Se	ction 17551 or Se	ection 111	13, enter the outst	anding int	erests of e	ach class ent	itled to vote
on the merger and the percentage of <u>Surviving Entit</u>	Disappearing Entity						
Each class entitled to vote	ercentage of vote re	equired	Each class ent	illed to vote		Percentage of y	ole required
SINGLE MEMBER INTERESTS	100%		SINGLE MEMBE	R INTERE	STS	100)옵
11. The principal terms of the agreement equaled or exceeded the vote require	of merger were a d.	pproved	by a vote of the nu	ımber of ir	iterests or	shares of ear	ch class that
SECTION 12 IS ONLY APPLICABLE IF THE ITEM 12 AND PROCEED TO ITEM 15.	SURVIVING ENT	TYISAI	DOMESTIC LIMITE	ED LIABILI	TY COMPA	NY, COMPLE	ETE
12. Requisite changes to the information from the merger. Attach additional page.	set forth in the Art ges if necessary.	icles of C	Organization of the	surviving	limited liab	ility company	resulting
SECTIONS 13 AND 14 ARE APPLICABL BUSINESS ENTITY, COMPLETE ITEMS 1;	E IF THE SURVI	VING EN	ITITY IS A FORE	IGN LIMIT	ED LIABIL	ITY COMPA	NY OR OTHER
13. Principal business address of the sur	vivina foreian limii	ted liabili	ty company or oth	er husines	s entity:		
to: 1 morbai promess anniess of the sti	**************************************	tou nuom	, acpa,,, a, a,,				
Address:	viving jajaign jillin	toa naom	, sompany or our				
Address: City:	•	State:			Ziţ	Code;	
Address: City: 14. Other information required to be stated.	ed in the Certifica	State: ate of Me			Ziţ		er business
Address: City:	ed in the Certifica	State: ate of Me			Ziţ		er business
Address: City: 14. Other information required to be stated.	ed in the Certifica	State: ate of Me			Ziţ		er business
Address: City: 14. Other information required to be state entity is organized. Attach additional 15. Number of pages attached, if any: 16. I certify that the statements contained	ed in the Certificate pages if necessary 2 ed in this docume	State: ate of Me y. ent are tre	erger by the laws	under whi	Ziţ	onstituent oth	
Address: City: 14. Other information required to be state entity is organized. Attach additional 15. Number of pages attached, if any:	ed in the Certificate pages if necessary 2 ed in this docume	State: ate of Me y. ent are tra ion is my	erger by the laws	under whi	Ziţ	onstituent oth	
Address: City: 14. Other information required to be state entity is organized. Attach additional 15. Number of pages attached, if any: 16. I certify that the statements contained	ed in the Certificate pages if necessary 2 ed in this docume ent, which executions are attached.	State: ate of Me y. ent are tra ion is my	erger by the laws ue and correct of act and deed.	under whi	Zip ch each co cnowledge	onstituent oth	
Address: City: 14. Other information required to be state entity is organized. Attach additional 15. Number of pages attached, if any: 16. I certify that the statements contained person who is executing this instrumed. Signature of Authorized Person for the Statements.	ed in the Certificate pages if necessary 2 ed in this docume ent, which executions see ATTACHE surviving Entity	State: ate of Me y. ent are tra ion is my Date	ue and correct of act and deed.	under whi	Zipch each co	onstituent oth	nat I am the Date
Address: City: 14. Other information required to be state entity is organized. Attach additional 15. Number of pages attached, if any: 16. I certify that the statements contained person who is executing this instrument.	ed in the Certificate pages if necessary 2 ed in this docume ent, which executions see ATTACHE surviving Entity	State: ate of Me y. ent are tra ion is my	ue and correct of act and deed.	under whi	Zipch each co	onstituent oth	nat I am the
Address: City: 14. Other information required to be state entity is organized. Attach additional 15. Number of pages attached, if any: 16. I certify that the statements contained person who is executing this instrumed Signature of Authorized Person for the Signature of Authorized Person	ed in the Certificate pages if necessary 2 ed in this docume ent, which executions see ATTACHE furviving Entity surviving Entity SEE ATTACHE	State: ate of Me y. ant are tra ion is my Date Date	ue and correct of act and deed. Type or Printing	under whi my own k nt Name and	Zipch each conowledge	onstituent oth	Date
Address: City: 14. Other information required to be state entity is organized. Attach additional 15. Number of pages attached, if any: 16. I certify that the statements contained person who is executing this instrumed. Signature of Authorized Person for the Statements.	ed in the Certificate pages if necessary 2 ed in this docume ent, which executions see ATTACHE furviving Entity surviving Entity SEE ATTACHE	State: ate of Me y. ant are tra ion is my Date Date	ue and correct of act and deed. Type or Printing	under whi my own k nt Name and	Zipch each conowledge	onstituent oth	nat I am the Date
Address: City: 14. Other information required to be state entity is organized. Attach additional 15. Number of pages attached, if any: 16. I certify that the statements contained person who is executing this instrumed Signature of Authorized Person for the Signature of Authorized Person	ed in the Certificate pages if necessary 2 ed in this docume ent, which executions Entity SEE ATTACHE curviving Entity SEE ATTACHE is appearing Entity	State: ate of Me y. ant are tra ion is my Date Date	ue and correct of act and deed. Type or Printing Type Or	my own k	Zip ch each co mowledge d'Title of Per d'Title of Per	onstituent oth	Date

TRADEMARK
REEL: 002789 FRAME: 0781

Surviving Entity:

JACKSON FAMILY FARMS, LLC

Ву Jess S. Jackson, Manager

Barbara R. Banke, Manager

Donald M. Hartford, Jr., Manager

Disappearing Entity:

CARDINALE, LLC

RECORDED: 02/09/2004

By: Jackson, Manager

Barbara R. Banke, Manager

Donald M. Hartford, Jr., Manager

TRADEMARK REEL: 002789 FRAME: 0782