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08-15-2003

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

FORM PTO-1618A
E-Filed 08/15/03
OMB 0651-0027



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FINANCE SECTION

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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 License
- Security Agreement Nunc Pro Tunc Assignment
- Merger Effective Date
Month Day Year
02/10/2002
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name FOSTERS FREEZE, INC.

02/07/2002

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization CALIFORNIA

Receiving Party

Mark if additional names of receiving parties attached

Name FOSTERS FREEZE, LLC

DBA/AKA/TA _____

Composed of _____

Address (line 1) 8300 UTICA AVENUE, SUITE 157

Address (line 2) _____

Address (line 3) RANCHO CUCAMONGA

CA/USA

91730

City

State/Country

Zip Code

- Individual General Partnership Limited Partnership

- Corporation Association

Other LIMITED LIABILITY COMPANY

Citizenship/State of Incorporation/Organization CALIFORNIA

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.)

08/14/2003 LMUELLER 00000189 2111461

FOR OFFICE USE ONLY

01 FC:8521
02 FC:8522

40.00 OP
225.00 OP

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Mail documents to be recorded with required cover sheet(s) information to:
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TRADEMARK
REEL: 002801 FRAME: 0748

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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Number(s)

<input type="text" value="2111461"/>	<input type="text" value="2160784"/>	<input type="text" value="1873946"/>
<input type="text" value="2139486"/>	<input type="text" value="1895487"/>	<input type="text" value="1916656"/>
<input type="text" value="2232525"/>	<input type="text" value="1875341"/>	<input type="text" value="1019652"/>

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 deposit account are authorized, as indicated herein.

MARY A. HARRIS

Name of Person Signing

Mary A. Harris

Signature

7-29-2003

Date Signed



State of California
 Bill Jones
 Secretary of State

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

FEB 10 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: Fosters Freeze, LLC	2. Type of entity: LLC	3. Secretary of State File Number: 200126210112	4. Jurisdiction: California
5. Name of disappearing entity: Fosters Freeze, Inc.	6. Type of entity: Corporation	7. Secretary of State File Number: 1299070	8. Jurisdiction: California
9. Future effective date, if any:	Month February	Day 10	Year 2002

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:

Surviving Entity		Disappearing Entity	
Each class entitled to vote	Percentage of vote required	Each class entitled to vote	Percentage of vote required
Preferred membership interest - 1	51% or greater	Preferred - 36,305	51% or greater
Common membership interest - 1	51% or greater	Common - 2,617,513.787	51% or greater

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: None.

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.

<u>Lonnie R. Priester</u> 2/7/02 Signature of Authorized Person for the Surviving Entity Date	Lonnie Priester, Sole Manager 02/07/02 Type or Print Name and Title of Person Signing Date
<u>Randy Fritchie</u> 2/7/02 Signature of Authorized Person for the Disappearing Entity Date	Randy Fritchie, President 02/07/02 Type or Print Name and Title of Person Signing Date
<u>Steve Toth</u> 2/7/02 Signature of Authorized Person for the Disappearing Entity Date	Steve Toth, Secretary 02/07/02 Type or Print Name and Title of Person Signing Date

