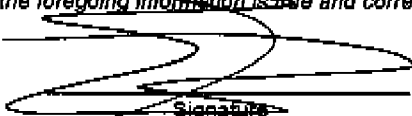


Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings $\Rightarrow \Rightarrow \Rightarrow$	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): <u>MARC Eriksson</u> <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Natural Products World Corp</u> Internal Address: <u>1135 Terminal Way Ste 209</u> Street Address: _____ City: <u>Revo</u> State: <u>NV</u> Zip: <u>89502</u> <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 <u>NEVADA</u> <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</small>	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>11-5-92</u>	4. Application number(s) or registration number(s): A. Trademark Application No.(s) <u>74254233</u> B. Trademark Registration No.(s) <u>2104491</u> Additional number(s) attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Natural Products World Corp</u> Internal Address: <u>1135 Terminal Way</u> <u>Ste 209</u> Street Address: _____ City: <u>Revo</u> State: <u>NV</u> Zip: <u>89502</u>	6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 3.41).....\$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: _____ <small>(Attach duplicate copy of this page if paying by deposit account)</small>	
DO NOT USE THIS SPACE		
9. Statement and signature. <i>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.</i> <u>Damian Haukips</u>  <u>5-15-04</u> Name of Person Signing Signature Date Total number of pages including cover sheet, attachments, and document: 2		

OP \$40.00 2104491

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

To whom it may concern

I Marc Erickson owner of the trademark and design of Summertime One Day Diet assign all my rights and trademark over to Natural products World Corp. Registration # 2104491 See enclosed form PTO -1594.

Sincerely

A handwritten signature in black ink that reads "Marc Erickson". The signature is written in a cursive, flowing style.

Marc Erickson