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	Form <b>PTO-1594</b> (Rev. 10/02)  OMB No. 0651-0027 (exp. 6/30/2005)  Tab settings ⇔⇔⇔ ▼ 102,560	12-16-2003
	To the Honorable Commissioner of Patents and Trademarks: F	
	Name of conveying party(ies):     Preferred Nutrition Inc.	2. Name and address of receiving party(ies)  Name:Preferred Nutrition Inc.  Internal Address:
	Individual(s) Association  General Partnership Limited Partnership  Corporation-State  Other Corporation - Canada  Additional name(s) of conveying party(ies) attached? Yes ✓ No  3. Nature of conveyance:  Assignment Merger  Security Agreement Change of Name  Other Correction of Applicant's address,  recorded on reel/frame: 002680/0500  Execution Date: 3/1/2002  4. Application number(s) or registration number(s):  A. Trademark Application No.(s)	Street Address:153 Perth Street  City: _Acton, ON State: _CA _ Zip: _L7J 1C9  Individual(s) citizenship Association General Partnership Limited Partnership Corporation-State Vother Corporation - Canada  If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? Yes No  B. Trademark Registration No.(s)
,	78115832  Additional number(s) at 5. Name and address of party to whom correspondence concerning document should be mailed:	ached Yes No  6. Total number of applications and registrations involved:
10/24/200 01 FC:852 02 FC:852		7. Total fee (37 CFR 3.41)\$65.00  Enclosed  Authorized to be charged to deposit account
,	Street Address:1550 United Boulevard	8. Deposit account number:  Credit Card Payment Form is attached
	City: Coquitlam, BC State: CA Zip: V3K 6Y7	THIS SPACE
	9. Signature.	
	I	gnature Date  sr sheet, attachments, and document:

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



	Form PTO-1594 F 10255 (Rev. 10/02) I KAUEWAI	KNO UNL 1	
	OMB No. 0651-0027 (exp. 6/30/2005)  Tab settings	2-38-17	
H	To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
	1. Name of conveying party(ies): Preferred Nutrition Inc.  Individual(s) Association General Partnership Limited Partnership Corporation-State Other Corporation - Canada  Additional name(s) of conveying party(ies) attached? Yes No  3. Nature of conveyance: Assignment Merger Security Agreement Change of Name	2. Name and address of receiving party(ies).  Name: Preferred Nutrition Inc.  Internal Address: Street Address: 150 Perth Street  City: Acton, ON State: CA Zip: L7J 1C9  Individual(s) citizenship  Association  General Partnership  Limited Partnership  Corporation-State  Other Corporation - Canada	
	Other_Applicant's address change  Execution Date: 3/1/2002	If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes No (Designations must be a separate document from assignment) Additional name(s) & address( es) attached? Yes No	
	4. Application number(s) or registration number(s):  A. Trademark Application No.(s)	B. Trademark Registration No.(s) tached Yes No	
	Name and address of party to whom correspondence concerning document should be mailed:  Name: Rong Zhang	6. Total number of applications and registrations involved:	
	Internal Address:	7. Total fee (37 CFR 3.41)	
	Street Address: 1550 United Boulevard	Deposit account number:      Credit Card Payment Form is attached	
	City: Coquitlam, BC State: CA Zip: V3K 6Y7  DO NOT USE	THIS SPACE	
02/28/2003 01 FC:8521 02 FC:8522	5 5 1	ignature Date  2/27/03  Ignature Date	
	hall documents to be recorded with Commissioner of Patent & T	required cover sheet information to: 'rademarks, Box Assignments . D.C. 20231	

TRADEMARK
REEL: 002884 FRAME: 0528

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

February 27, 2003

Total number of pages (including this cover letter): 4

Attn: Assignment Division
Office of Public Records

U.S. Patent and Trademark Office CG-4, 1213 Jefferson Davis Hwy Suite 320, Washington, D.C. 20231

Phone: (703) 308-9723 Fax: (703) 308-7124

Dear Sir or Madam:

## Re: Request for Recordal of Applicant's Address Change

Enclosed herewith is a Cover Sheet indicating the applicant's address change. I am also attaching a Credit Card Payment Form with \$65 for covering the fees. Please record the document.

I am looking forward to receipt of confirmation of the changes.

Respectfully submitted,

Rong Zhang

For: Preferred Nutrition Inc.

1550 United Boulevard Coquitlam, British Columbia

V3K 6Y7 Canada Tel: (604) 777-4702

Fax: (604) 777-4840

Encl.

TRADEMARK
REEL: 002884 FRAME: 0529

Application No.: 78126454 & 78115832

## **Domestic Representative Designation**

Name: Mr. James E. Shlesinger

Firm Name: Shlesinger, Arkwright & Garvey LLP

Address: 3000 South Eads Street

Arlington, Virginia

22202 USA

Telephone: (703) 684-5600

Fax: (703) 836-5288

**RECORDED: 12/16/2003** 

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