

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
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NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL
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CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Dr. Muhammed Majeed		08/10/2004	INDIVIDUAL: UNITED STATES

RECEIVING PARTY DATA	
Name:	Sabinsa Corporation
Street Address:	121 Ethel Road West
Internal Address:	Unit 6
City:	Piscataway
State/Country:	NEW JERSEY
Postal Code:	08854
Entity Type:	CORPORATION: NEW JERSEY

PROPERTY NUMBERS Total: 7		
Property Type	Number	Word Mark
Registration Number:	2454119	SABIPURE
Registration Number:	2507864	COSMOPERINE
Registration Number:	2809291	NATURE'S LEAN MACHINE
Registration Number:	2696734	FABENOL
Registration Number:	2553739	SILBINOL
Registration Number:	2557392	SALARETIN
Registration Number:	2681877	GARCITRIN

CORRESPONDENCE DATA	
Fax Number:	(732)777-1443
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Email:	mmajeed@sabinsa.com
Correspondent Name:	Dr. Muhammed Majeed
Address Line 1:	Sabinsa Corporation, 121 Ethel Road West
Address Line 2:	Unit 6
Address Line 4:	Piscataway, NEW JERSEY 08854

OP \$190.00 2454119

NAME OF SUBMITTER:

Dr. Muhammed Majeed

Total Attachments: 1

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RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s): MAJEED, MUHAMMED		2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name: <u>SABINSA CORPORATION</u> Internal: <u>UNIT 6</u> Address: _____ Street Address: <u>121 ETHEL ROAD WEST</u> City: <u>PISCATAWAY</u> State: <u>NEW JERSEY</u> Country: <u>USA</u> Zip: <u>08854</u> <input type="checkbox"/> Association Citizenship _____ <input type="checkbox"/> General Partnership Citizenship _____ <input type="checkbox"/> Limited Partnership Citizenship _____ <input checked="" type="checkbox"/> Corporation Citizenship <u>UNITED STATES (NJ)</u> <input type="checkbox"/> Other _____ Citizenship _____ 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)	
<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 _____ Citizenship (see guidelines) <u>UNITED STATES</u> Execution Date(s) <u>08/10/2004</u> Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 _____	
4. Application number(s) or registration number(s) and identification or description of the Trademark. A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>2809291, 2696734, 2454119, 2507864, 2553739, 2557392, 2681877</u> C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown) <u>NATURE'S LEAN MACHINE, FABENOL, SABIPURE, COSMOPERINE, SILBINOL, SALARETIN, GARCITRIN</u>		Additional sheet(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name & address of party to whom correspondence concerning document should be mailed: Name: <u>Dr. Muhammed Majeed</u> Internal Address: _____ Street Address: <u>Sabinsa Corporation</u> <u>121 Ethel Road West Unit 6</u> City: <u>Piscataway</u> State: <u>NJ</u> Zip: <u>08854</u> Phone Number: <u>732-777-1111</u> Fax Number: <u>732-777-1443</u> Email Address: <u>mmajeed@sabinsa.com</u>		6. Total number of applications and registrations involved: <u>7</u> 7. Total fee (37 CFR 2.6(b)(6) & 3.41) <u>\$190.00</u> <input checked="" type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed	
9. Signature: <u>Muhammed Majeed</u> Dr. Muhammed Majeed Signature Name of Person Signing _____		8. Payment Information: a. Credit Card Last 4 Numbers <u>1025</u> Expiration Date <u>11/30/2004</u> b. Deposit Account Number _____ Authorized User Name _____ Date <u>08/10/2004</u> Total number of pages including cover sheet, attachments, and documents: <u>1</u>	

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5595, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1460, Alexandria, VA 22313-1460

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RECORDED: 08/10/2004

REEL: 002914 FRAME: 0042