

03-25-2004

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ET U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

Tab settings → → →

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Flavor Burst Co.

- Individual(s), Association, General Partnership, Limited Partnership, Corporation-State, Other Joint Venture

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment, Merger, Security Agreement, Change of Name, Other

Execution Date:

2. Name and address of receiving party(ies)

Name: Flavor Burst Co., L.L.P.

Internal Address:

Street Address: 499 Commerce Drive

City: Danville State: Indiana Zip: 46122

- Individual(s) citizenship, Association, General Partnership, Limited Partnership, Corporation-State, Other Limited Liability Partnership

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)

1,869,227

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Charles J. Brauch

Internal Address: Woodard, Emhardt, Moriarty, McNett

& Henry LLP

Street Address: Bank One Center/Tower, 111 Monument

Circle, Suite 3700

City: Indianapolis State: Indiana Zip: 46204

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 3.41) \$ 40.00

- Enclosed, Authorized to be charged to deposit account

8. Deposit account number:

23-3030

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Charles J. Brauch

Signature

March 12, 2004

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments, and document: 3

Mail documents to be recorded with required cover sheet information to: Director of the U.S. Patent and Trademark Office, Mail Stop Assignment Recordation Services Washington, D.C. 20231 VIA FACSIMILE (703) 306-5995

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03-16-2004

U.S. Patent & TMO/TM Mail Rcpt Dt. #72

TRADEMARK REEL: 002934 FRAME: 0912

**State of Indiana**  
**Office of the Secretary of State**

**CERTIFICATE OF ASSUMED BUSINESS NAME**

of

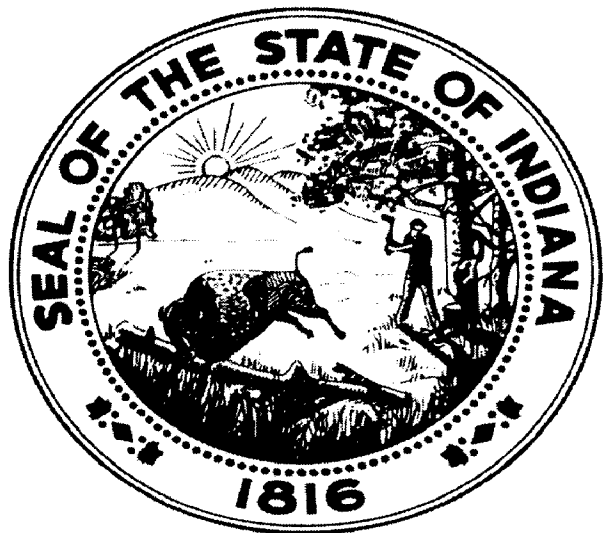
**FLAVOR BURST CO., L.L.P.**

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Certificate of Assumed Business Name of the above Domestic Limited Liability Partnership (LLP) have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Uniform Partnership Act.

Following said transaction the entity named above will be doing business under the assumed business name(s) of:

**FLAVOR BURST CO.**  
**FLAVOR BURST**

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, May 21, 2002.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 21, 2002.

*Sue Anne Gilroy*

SUE ANNE GILROY,  
SECRETARY OF STATE

2002051600109 / 2002052459763

**TRADEMARK**  
**REEL: 002934 FRAME: 0913**

00205/600109

RECEIVED  
CITY OF INDIANAPOLIS  
MAY 12 12:40  
SUE ANNE GILROY



# CERTIFICATE OF ASSUMED BUSINESS NAME (All Corporations)

State Form 30353 (R8 / 9-97)  
State Board of Accounts Approved 1995

SUE ANNE GILROY  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

INDIANA SECRETARY OF STATE

### INSTRUCTIONS:

1. This certificate must also be recorded in the office of County Recorder of each county in which a place of business or office is located.
2. FEES ARE PER ASSUMED NAME. Please make check or money order payable to: Indiana Secretary of State. Please TYPE or PRINT.

Indiana Code 23-15-1-1, et seq.

<b>FILING FEES PER CERTIFICATE:</b>	
For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00
Certificate - Additional	\$15.00

1. Name of Corporation, LLC or LP Flavor Burst Co., L.L.P.	2. Date of incorporation / admission May 15, 2002
3. Address at which the Corporation, LLC, LP will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 499 Commerce Drive City, state and ZIP code Danville, Indiana 46122	
4. Assumed business name(s) (\$30.00 per name) Flavor Burst Co. Flavor Burst	
5. Principal office address of the Corporation, LLC, LP (street address) 499 Commerce Drive City, state and ZIP code Danville, Indiana 46122	
6. Signature 	7. Printed name Ernest C. Gerber

STATE OF Indiana

COUNTY OF Hamilton SS:

Subscribed and sworn to before me, this 15th day of May, 2002.

Notary Public  
Geffrey D. Rainbolt  
My Notarial Commission Expires: December 9, 2009

This instrument was prepared by:  
Geffrey D. Rainbolt, Dale & Eke, P.C., 9100 Keystone Crossing, Suite 400, Indianapolis, In 46240

