


RECORDATION FORM COVER SHEET TRADEMARKS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)		
Tab settings $\Rightarrow \Rightarrow \Rightarrow$		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
<p>1. Name of conveying party(ies): LACTONA CORPORATION, DBA LACTONA USA</p> <p> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State CALIFORNIA <input type="checkbox"/> Other _____ </p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Name: LEE PHARMACEUTICALS, INC Internal Address: _____ Street Address: 1434 SANTA ANITA AVE City: South El Monte State: CA Zip: 91733</p> <p> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State CALIFORNIA <input type="checkbox"/> Other _____ </p> <p><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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small></p>	
<p>3. Nature of conveyance:</p> <p> <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ </p> <p>Execution Date: 9/13/2004</p>		
<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s) _____</p> <p>B. Trademark Registration No.(s) 2839878</p> <p style="text-align: center;">Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: Molly D. McKay</p> <p>Internal Address: Molly D. McKay, P.C.</p> <p>Street Address: 3207 E. 22nd Street</p> <p>City: Tulsa State: OK Zip: 74114-1823</p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR 3.41).....\$ 40.00</p> <p> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account only in event of underpayment </p> <p>8. Deposit account number: 13-0470</p>	
DO NOT USE THIS SPACE		
<p>9. Signature.</p> <p style="text-align: center;">  _____ Name of Person Signing Signature Date 10/11/2004 </p> <p style="text-align: center;">Total number of pages including cover sheet, attachments, and document: 3</p>		

CH \$40.00 130470 2839878

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


ASSIGNMENT

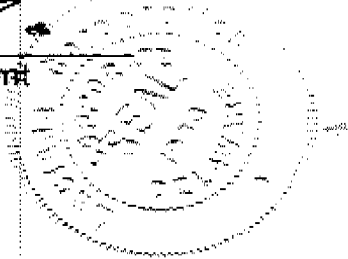
WHEREAS, **LACTONA CORPORATION, DBA LACTONA USA**, 1669 School Road, P.O. Box 428, Hatfield, PA 19440, is the owner of the trademark VINCE, including U. S. Trademark Registration No. 2,839,878 and,

WHEREAS, said **LEE PHARMACEUTICALS, INC.** desires to acquire ownership to said trademark;

NOW, THEREFORE, upon payment by **LEE PHARMACEUTICALS, INC.** to **LACTONA CORPORATION, DBA LACTONA USA** the amount of Eight Hundred Thirty Five Dollars (\$835.00), which represents the cost of registering said trademark, and for other good and valuable consideration, the receipt and adequacy of such other consideration hereby being acknowledged, **LACTONA CORPORATION, DBA LACTONA USA** does sell, assign and transfer unto **LEE PHARMACEUTICALS, INC.** the entire right, title and interest in and to said trademark, together with the goodwill of the business symbolized by the mark, and the above-identified registration thereof.

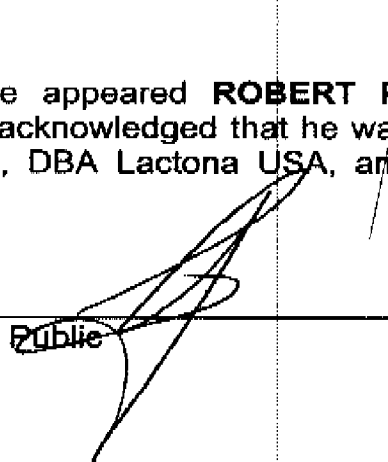
ASSIGNOR:


ROBERT P. GOGLIA, President
LACTONA CORPORATION,
DBA LACTONA USA,



STATE OF PENNSYLVANIA)
COUNTY OF Bucks) SS:

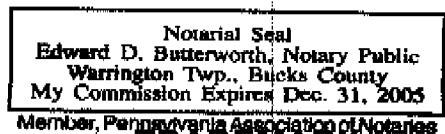
On this 13 day of Sept, 2004, before me appeared **ROBERT P. GOGLIA**, the person who signed this instrument, and who acknowledged that he was duly authorized to sign on behalf of Lactona Corporation, DBA Lactona USA, and signed as an act of his own free will.



Notary Public

My Commission Number: _____

My Commission Expires: _____



TRADEMARK