

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Pharmavite Corporation		03/14/2002	CORPORATION: CALIFORNIA

RECEIVING PARTY DATA

Name:	Pharmavite LLC
Street Address:	8510 Balboa Boulevard
Internal Address:	Suite 300
City:	Northridge
State/Country:	CALIFORNIA
Postal Code:	91325
Entity Type:	Limited Liability Corporation: CALIFORNIA

Name:	Pharmavite LLC
Street Address:	8510 Balboa Boulevard
Internal Address:	Suite 300
City:	Northridge
State/Country:	CALIFORNIA
Postal Code:	91325
Entity Type:	Limited Liability Corporation: CALIFORNIA

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	1002493	SUNNY MAID

CORRESPONDENCE DATA

Fax Number: (310)820-5988
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Email: Stan_Sokoloff@bstz.com
 Correspondent Name: Stanley W. Sokoloff
 Address Line 1: 12400 Wilshire Blvd.
 Address Line 2: 7th Floor

CH \$40.00 1002493

Address Line 4: Los Angeles, CALIFORNIA 90025

ATTORNEY DOCKET NUMBER:

070452.1026

NAME OF SUBMITTER:

Stanley W. Sokoloff

Total Attachments: 4

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State of California
Bill Jones
Secretary of State

LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION

A \$70.00 filing fee must accompany this form.
IMPORTANT - Read instructions before completing this form.

200206610122

File#

FILED
Office of the Secretary of State
of the State of California

MAR 01 2002

BILL JONES, Secretary of State
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Name of the limited liability company (and the name with the words "Limited Liability Company," "Ltd. Liability Co.," or the abbreviations "LLC" or "L.L.C.")
Pharmavite LLC

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the Beverly-Killea limited liability company act.

Name the agent for service of process and check the appropriate provision below:

Paul Bolar

which is

an individual residing in California. Proceed to item 4.

a corporation which has filed a certificate pursuant to section 1505. Proceed to item 5.

If an individual, California address of the agent for service of process:

Address: 8510 Balboa Boulevard, Suite 300

City: Northridge

State: CA

Zip Code: 91325

3. The limited liability company will be managed by: (check one)

one manager more than one manager single member limited liability company all limited liability company members

5. Other matters to be included in this certificate may be set forth on separate attached pages and are made a part of this certificate. Other matters may include the latest date on which the limited liability company is to dissolve.

7. Number of pages attached, if any: One

8. Type of business of the limited liability company. (For informational purposes only)
Manufacture, marketing, distribution and sale of dietary supplements

9. DECLARATION: It is hereby declared that I am the person who executed this instrument, which execution is my act and deed.

Signature of Organizer

Shun Uchida
Type or Print Name of Organizer

February 28, 2002

Date

10. RETURN TO:

NAME Paul Bolar
FIRM Pharmavite Corporation, Suite 300
ADDRESS 8510 Balboa Boulevard
CITY/STATE Northridge, CA
ZIP CODE 91325

SEC/STATE (REV. 12/99)

FORM LLC-1 - FILING FEE \$70.00
Approved by Secretary of State

**Attachment to Articles or Organization of
Pharmavite LLC**

The following provisions are added to and made a part of the Articles of Organization of Pharmavite LLC (the "Company").

7.1 Limitations on Powers of Managers. Except for such documents as are required under the California Corporations Code to be executed by the Managers, no Manager acting solely in such capacity (and not as an officer of the Company) shall have the authority to bind the Company or to execute an instrument on behalf of the Company. The officers of the Company shall, to the extent authorized by the Managers, have the power to bind the Company and to execute instruments on behalf of the Company. Additionally, the Managers shall not have the authority to cause the Company to engage in the following transactions without first obtaining the approval of the Member:

(a) Any act that would make it impossible to carry on the ordinary business of the Company;

(b) The dissolution of the Company;

(c) The sale, lease, conveyance, exchange, transfer or other disposition of all or substantially all of the Company's assets not in the ordinary course of business;

(d) The incurring of any debt not in the ordinary course of business;

(e) A change in the nature of the principal business or purpose of the Company;

(f) The admission of a Member;

(g) The establishment of different classes of Members; and

(h) The entering into, on behalf of the Company, of any transaction constituting a "reorganization" within the meaning of California Corporations Code §17600.

061082700t



State of California
Bill Jones
Secretary of State

FILED
In the office of the Secretary of State
of the State of California

MAR 15 2002 KML

Bill Jones
BILL JONES, Secretary of State

LIMITED LIABILITY COMPANY
CERTIFICATE OF MERGER

(Corporations Code Section 17552)

Filing Fee - Please see instructions.

IMPORTANT - Read instructions before completing this form.

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Table with 4 columns: 1. Name of surviving entity, 2. Type of entity, 3. Secretary of State File Number, 4. Jurisdiction, 5. Name of disappearing entity, 6. Type of entity, 7. Secretary of State File Number, 8. Jurisdiction, 9. Future effective date.

Table for Item 10: Outstanding interests of each class entitled to vote. Columns include Surviving Entity and Disappearing Entity with sub-columns for Each class entitled to vote and Percentage of vote required.

11. The principal terms of the agreement of merger were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required.

SECTION 12 IS ONLY APPLICABLE IF THE SURVIVING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, COMPLETE ITEM 12 AND PROCEED TO ITEM 15.

12. Requisite changes to the information set forth in the Articles of Organization of the surviving limited liability company resulting from the merger. Attach additional pages if necessary.

SECTIONS 13 AND 14 ARE APPLICABLE IF THE SURVIVING ENTITY IS A FOREIGN LIMITED LIABILITY COMPANY OR OTHER BUSINESS ENTITY. COMPLETE ITEMS 13 AND 14.

13. Principal business address of the surviving foreign limited liability company or other business entity. Address, City, State, Zip Code.

14. Other information required to be stated in the Certificate of Merger by the laws under which each constituent other business entity is organized. Attach additional pages if necessary.

15. Number of pages attached, if any: not applicable

16. I certify that the statements contained in this document are true and correct of my own knowledge. I declare that I am the person who is executing this instrument, which execution is my act and deed.

Signature of Authorized Person for the Surviving Entity: Brent Bailey, manager, 3/14/02

Type or Print Name and Title of Person Signing: Brent Bailey, President, Pharmavite Corporation, 3/14/02

Signature of Authorized Person for the Surviving Entity: Kishiro Kitani, manager, 3/14/02

Type or Print Name and Title of Person Signing: Rosa Wright, Secretary, Pharmavite Corporation, 3/14/02

Signature of Authorized Person for the Surviving Entity: Hisayoshi Settsu, manager, 3/14/02

Type or Print Name and Title of Person Signing: [Blank], 3/14/02

Signature of Authorized Person for the Surviving Entity: Shun Uchida, manager, 3/14/02

Type or Print Name and Title of Person Signing: [Blank], 3/14/02

