

07-26-2004



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TRADEMARKS ONLY

71504

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Conveyance Type

- Assignment  License
  - Security Agreement  Nunc Pro Tunc Assignment
  - Merger  Change of Name
  - Other \_\_\_\_\_
- Effective Date  
Month Day Year  
\_\_\_\_\_

Conveying Party

Mark if additional names of conveying parties attached

Name Cape Cod BioLabs Corp.

Execution Date  
Month Day Year  
07 06 2004

Formerly \_\_\_\_\_

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization Delaware

Receiving Party

Mark if additional names of receiving parties attached

Name Mann, Douglas G.

DBA/AKA/TA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 1435 Venice Avenue, 3257

Address (line 2) \_\_\_\_\_

Address (line 3) Venice

Florida

34292

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization US

07-15-2004  
U.S. Patent & TMO/TM Mail Rcpt Dt. #64  
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TRADEMARK  
REEL: 003012 FRAME: 0611

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments.

#

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="78/263,015"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="78/263,002"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties**

Enter the total number of properties involved.

#

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment: Enclosed  Deposit Account

Deposit Account  
(Enter for payment by deposit account or if additional fees can be charged to the account.)

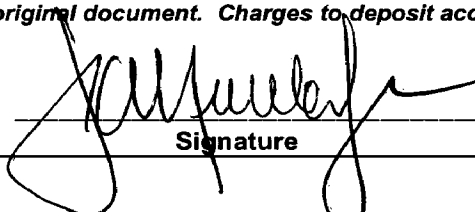
Deposit Account Number: #

Authorization to charge additional fees: Yes  No

**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. Charges to deposit account are authorized, as indicated herein.

Jerry K. Mueller, Jr.



July 13, 2004

Name of Person Signing

Signature

Date Signed

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number (614) 436-0600

Name

Mueller, Jerry K., Jr.

Address (line 1)

Mueller and Smith, LPA

Address (line 2)

7700 Rivers Edge Drive

Address (line 3)

Columbus, OH 43235

Address (line 4)

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments.

#

8

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

78/263,015

78/263,002

**Number of Properties**

Enter the total number of properties involved.

#

2

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

80.00

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

13-4830

Authorization to charge additional fees:

Yes



No



**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. Charges to deposit account are authorized, as indicated herein.

Jerry K. Mueller, Jr.

July 13, 2004

Name of Person Signing

Signature

Date Signed

# ASSIGNMENT OF TRADEMARK APPLICATIONS

WHEREAS, Cape Cod BioLabs Corp., a corporation of the State of Delaware, having its principal office at P.O. Box 777, Buzards Bay, MA 02532, is the owner of the following trademarks for which application for registration in the United States Patent and Trademark Office has been made:

Trademark	Application No.	Application Date
CHERRYMAX	78/263,015	June 16, 2003
BERRY-MAX	78/263,002	June 16, 2003

WHEREAS, Douglas G. Mann, an individual, residing at 1435 Venice Avenue, 3257, Venice, FL 34292, is desirous of re-acquiring said trademarks and applications therefor,

NOW, THEREFORE, in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, Cape Cod BioLabs Corp. hereby re-assigns to Douglas G. Mann, all right, title, and interest in the United States in and to said trademark applications together with the goodwill of the business symbolized by said trademarks.

Signed at  Venice , this  6<sup>th</sup>  day of  April  2004.

CAPE COD BIOLABS CORP.



Douglas G. Mann, President

State of Florida )  
County of  Sarasota  ) ss:  
)

On this  6  day of April 2004 personally appeared Douglas G. Mann to me known and acknowledged that he executed the foregoing Assignment on behalf of said assignor and pursuant to authority duly received.

  
Notary Public

