

4/12/05

04-15-2005

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings

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

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

1. Name of conveying party(ies): PM Nutrition Company Inc

Individual(s)  Association  
 General Partnership  Limited Partnership  
 Corporation-State Delaware  
 Other \_\_\_\_\_

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

2. Name and address of receiving party(ies)  
 Name: PM Nutrition Company LLC  
 Internal Address: MS 2500  
 Street Address: 4001 Lexington Ave N.  
 City: Arden Hills State: MN Zip: 55126

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State \_\_\_\_\_  
 Other LLC - Delaware

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

3. Nature of conveyance:  
 Assignment  Merger  
 Security Agreement  Change of Name  
 Other to correct wrong #

Execution Date: 1312312 reel 003043  
Frame 0202

4. Application number(s) or registration number(s):  
 A. Trademark Application No.(s)  
 B. Trademark Registration No.(s) 1312542

Additional number(s) attached  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
 Name: Brenda Goebel  
 Internal Address: MS 2500  
Land O'Lakes, Inc  
 Street Address: 4001 Lexington Ave N.  
 City: Arden Hills State: MN Zip: 55126

6. Total number of applications and registrations involved: 11

7. Total fee (37 CFR 3.41).....\$ 40<sup>00</sup>  
 Enclosed  
 Authorized to be charged to deposit account Charge

8. Deposit account number:  
12-0215

(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.

Amber S. Stevens Amber Stevens 4/12/05  
 Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 9

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

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 OMB No. 0651-0027 (exp. 5/31/2002)  
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**RECORDATION FORM COVER SHEET  
 TRADEMARKS ONLY**

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

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

1. Name of conveying party(ies):  
PM Nutrition Company, Inc.

Individual(s)       Association  
 General Partnership       Limited Partnership  
 Corporation-State Delaware  
 Other \_\_\_\_\_

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

2. Name and address of receiving party(ies)  
 Name: PM Nutrition Company LLC  
 Internal Address: MS 2500  
 Street Address: 4001 Lexington Ave No.  
 City: Arden Hills State: MN Zip: 55126

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State \_\_\_\_\_  
 Other LLC - Delaware

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

3. Nature of conveyance:  
 Assignment       Merger  
 Security Agreement       Change of Name  
 Other \_\_\_\_\_

Execution Date: 10/11/2001

4. Application number(s) or registration number(s):  
 A. Trademark Application No.(s)  
 B. Trademark Registration No.(s)  
1,332,478; 1,312,342;  
 Additional number(s) attached  Yes  No 2,204,489

6. Total number of applications and registrations involved: 3

5. Name and address of party to whom correspondence concerning document should be mailed:  
 Name: Brenda Goebel  
 Internal Address: MS 2500  
Land O'Lakes, Inc.  
 Street Address: 4001 Lexington Ave No.  
 City: Arden Hills State: MN Zip: 55126

7. Total fee (37 CFR 3.41).....\$ 90.00  
 Enclosed  
 Authorized to be charged to deposit account

8. Deposit account number:  
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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.*

Amber Stevens      Amber Stevens      2/21/05  
 Name of Person Signing      Signature      Date

Total number of pages including cover sheet, attachments, and document: 6

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

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*State of Delaware*  
**Office of the Secretary of State** PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "PM NUTRITION COMPANY, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "PM NUTRITION COMPANY, INC." TO "PM NUTRITION COMPANY, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF OCTOBER, A.D. 2001, AT 1 O'CLOCK P.M.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

2696119 8100V

010505146

AUTHENTICATION: 1386859

DATE: 10-11-01

TRADEMARK  
REEL: 003074 FRAME: 0620



*State of Delaware*  
*Office of the Secretary of State*

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PAGE 2

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "PM NUTRITION COMPANY, LLC" FILED IN THIS OFFICE ON THE ELEVENTH DAY OF OCTOBER, A.D. 2001, AT 1 O'CLOCK P.M.



*Harriet Smith Windsor*  
*Harriet Smith Windsor, Secretary of State*

2696119 8100V

010505146

AUTHENTICATION: 1386859

DATE: 10-11-01

TRADEMARK  
REEL: 003074 FRAME: 0622

FROM RICHARDS, LAYTON & FINGER#8

(THU) 10. 11' 01 13:25/ST. 13

STATE OF DELAWARE  
DIVISION OF CORPORATIONS  
FILED 01:00 PM 10/11/2001  
010505146 - 2696119

**CERTIFICATE OF FORMATION  
OF  
PM NUTRITION COMPANY, LLC**


This Certificate of Formation of PM Nutrition Company, LLC (the "LLC"), dated as of October 11, 2001, is being duly executed and filed by Monica M. Ayres, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C. §18-101, et seq.).

FIRST. The name of the limited liability company formed hereby is PM Nutrition Company, LLC.

SECOND. The address of the registered office of the LLC in the State of Delaware is c/o The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware 19801.

THIRD. The name and address of the registered agent for service of process on the LLC in the State of Delaware are The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the date first above written.

  
Name: Monica M. Ayres  
Authorized Person of LLC

ML:791140.02