

1-14-05

01-19-2005

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



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

102922208

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

1. Name of conveying party(ies):

Byesville LLC

- Individual(s) Association General Partnership Limited Partnership Corporation -State Ohio Other

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

3. Nature of conveyance:

- Assignment Merger Security Agreement Change of Name Other Amendment/Articles-Organization

Execution Date: 1/09/2004

2. Name and address of receiving party(ies)

Name: Byesville Aseptics LLC

Internal Address:

Street Address: 100 Hop0e Road

City: Byesville State: Ohio Zip: 43723

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

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

78/027555

B. Trademark Registration No.(s)

2,803,500 1,906,220

Additional number(s) attached Yes No

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

Name: Cheryl S. Scotney

Internal Address: Standley Law Group LLP

Street Address: 495 Metro Place S., Suite 210

City: Dublin, Ohio State: Ohio Zip: 43017-5319

6. Total number of applications and registrations involved:

7. Total fee (37 CFR 3.41) \$ 120.00

- Enclosed Authorized to be charged to deposit account

8. Deposit account number:

(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.

Cheryl S. Scotney

Name of Person Signing

Signature

Date: Dec. 22, 2004

Total number of pages including cover sheet, attachments, and document: 5

Refund Ref: 01/19/2005 6TDM11 0000141450

Mail documents to be recorded with required cover sheet information to:

Mail Stop Assignment Recordation Services Director of the US Patent and Trademark Office P. O. Box 1450 Alexandria, VA 22313-1450

CHECK Refund Total: \$30.00

TRADEMARK REEL: 003104 FRAME: 0532



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/20/2004	200402000140	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

PORTER, WRIGHT, MORRIS, ARTHUR
41 S. HIGH ST., 28TH FLOOR
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

1420732

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BYESVILLE ASEPTICS LLC

and, that said business records show the filing and recording of:

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200402000140



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 9th day of January, A.D.
2004.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 1028 Columbus, OH 43216

Limited Liability Company Certificate of Amendment / Restatement / Correction
(Domestic or Foreign)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company		(2) Foreign Limited Liability Company	
<input checked="" type="checkbox"/> Amendment (129-LAM)		<input type="checkbox"/> Correction (135-LFC)	
<input type="checkbox"/> Restatement (142-LRA)			
October 31, 2003 (Date of Organization)		(Home State)	(Qualifying in Ohio on MM/DD/YY)

The undersigned authorized representative of Byesville LLC 1420732
(Name) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company Amend Restate Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:
Byesville Aseptics LLC
(the name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL) :
(street address) _____ NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village) (state) (zip code)

Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name) _____

(Street) _____ NOTE: P.O. Box Addresses are NOT acceptable.

_____ Ohio _____
(City, village or township) (State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,
- B. the limited liability company fails to designate another agent when required to do so, or
- C. the limited liability company's registration to do business in Ohio expires or is cancelled

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)

Larry Burke
Authorized Representative

01-07-04
Date

Larry Burke, Manager
(Print Name)

Authorized Representative

Date

(Print Name)

Authorized Representative

Date

(Print Name)