

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

|                                  |  |                       |                       |
|----------------------------------|--|-----------------------|-----------------------|
| <b>SUBMISSION TYPE:</b>          | NEW ASSIGNMENT   |                       |                       |
| <b>NATURE OF CONVEYANCE:</b>     | CHANGE OF NAME   |                       |                       |
| <b>CONVEYING PARTY DATA</b>      |  |                       |                       |
| <b>Name</b>                      | <b>Formerly</b>  | <b>Execution Date</b> | <b>Entity Type</b>    |
| Ozelle, L.L.C.                   |  | 03/31/1997            | CORPORATION: DELAWARE |
| <b>RECEIVING PARTY DATA</b>      |  |                       |                       |
| <b>Name:</b>                     | Ozelle Pharmaceuticals, Inc.   |                       |                       |
| <b>Street Address:</b>           | 21467 Briar Bluff Road   |                       |                       |
| <b>City:</b>                     | Coal Valley  |                       |                       |
| <b>State/Country:</b>            | ILLINOIS   |                       |                       |
| <b>Postal Code:</b>              | 61240  |                       |                       |
| <b>Entity Type:</b>              | CORPORATION: NEVADA  |                       |                       |
| <b>PROPERTY NUMBERS Total: 1</b> |  |                       |                       |
| <b>Property Type</b>             | <b>Number</b>  | <b>Word Mark</b>      |                       |
| <b>Serial Number:</b>            | 76227670   | ANVIRZEL              |                       |
| <b>CORRESPONDENCE DATA</b>       |  |                       |                       |
| <b>Fax Number:</b>               | (202)857-6395  |                       |                       |
|                                  | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> |                       |                       |
| <b>Phone:</b>                    | 202-857-6140   |                       |                       |
| <b>Email:</b>                    | loughlin.leo@arentfox.com  |                       |                       |
| <b>Correspondent Name:</b>       | Leo M. Loughlin  |                       |                       |
| <b>Address Line 1:</b>           | 1050 Connecticut Ave, NW   |                       |                       |
| <b>Address Line 4:</b>           | Washington, DISTRICT OF COLUMBIA 20036   |                       |                       |
| <b>ATTORNEY DOCKET NUMBER:</b>   | 024628.00001   |                       |                       |
| <b>NAME OF SUBMITTER:</b>        | Leo M. Loughlin  |                       |                       |
| <b>Signature:</b>                | /Leo M. Loughlin/  |                       |                       |
| <b>Date:</b>                     | 01/04/2006   |                       |                       |

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Total Attachments: 1  
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### REGISTRATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached document(s) or the new address(es) below.

|  |  |   |  |
|--|--|---|--|
| <b>1. Name of conveying party(ies):</b><br><u>Ozelle, L.L.C.</u>   |  | <b>2. Name and address of receiving party(ies)</b><br>Additional names, addresses, or citizenship attached? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name: <u>Ozelle Pharmaceuticals Inc</u><br>Internal Address: _____<br>Street Address: <u>21467 Brinc Bluff Rd</u><br>City: <u>Cool Valley</u><br>State: <u>IL</u><br>Country: <u>U.S.A.</u> Zip: <u>61240</u>   |  |
| <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association<br><input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership<br><input checked="" type="checkbox"/> Corporation- State: <u>DE</u><br><input type="checkbox"/> Other _____<br>Citizenship (see guidelines): _____<br>Additional names of conveying parties attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Association Citizenship _____<br><input type="checkbox"/> General Partnership Citizenship _____<br><input type="checkbox"/> Limited Partnership Citizenship _____<br><input checked="" type="checkbox"/> Corporation Citizenship <u>NV</u><br><input type="checkbox"/> Other _____ Citizenship _____<br>If assignee is not located in the United States, a domestic representative designation is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Designations must be a separate document from assignment) |  |
| <b>3. Nature of conveyance / Execution Date(s):</b><br>Execution Date(s) <u>March 31, 1997</u><br><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger<br><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name<br><input type="checkbox"/> Other _____  |  |   |  |
| <b>4. Application number(s) or registration number(s) and identification or description of the Trademark:</b><br>A. Trademark Application No (s)<br><u>76/227,670</u>  |  | B. Trademark Registration No.(s)<br>_____<br>Additional sheets(s) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| <b>C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):</b><br><u>ANVIRZEL</u>   |  |   |  |
| <b>5. Name &amp; address of party to whom correspondence concerning document should be mailed:</b><br>Name: <u>Douglas D. Crawford</u><br>Internal Address: _____<br>Street Address: <u>21467 Brinc Bluff Rd</u><br>City: <u>Cool Valley</u><br>State: <u>IL</u> Zip: <u>61240</u><br>Phone Number: <u>(309) 949-3745</u><br>Fax Number: <u>(309) 949-2289</u><br>Email Address: _____   |  | <b>6. Total number of applications and registrations involved:</b> <u>(1) One</u>   |  |
|  |  | <b>7. Total fee (37 CFR 2.6(b)(6) &amp; 3.41) \$</b> _____<br><input type="checkbox"/> Authorized to be charged by credit card<br><input type="checkbox"/> Authorized to be charged to deposit account<br><input type="checkbox"/> Enclosed   |  |
| <b>8. Signature:</b><br><u>Douglas D. Crawford</u><br>Signature<br>Name of Person Signing  |  | <b>8. Payment Information:</b><br>a. Credit Card Last 4 Numbers _____<br>Expiration Date _____<br>b. Deposit Account Number _____<br>Authorized User Name _____<br>Date: <u>Nov. 9 2005</u><br>Total number of pages including cover sheet, attachments, and document: <u>4</u>   |  |

Documents to be recorded (including cover sheet) should be filed to (877) 273-0149, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 14271, Alexandria, VA 22313-1450