

08-04-2006

Form PTO-1594 (Rev. 07/05)  
OMB Collection 0651-0027 (exp. 6/30/2008)

J.S. DEPARTMENT OF COMMERCE  
States Patent and Trademark Office



REC  
TI

103286713

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

7-28-06

1. Name of conveying party(ies):

Dime Capital Partners, Inc.

- Individual(s)
- General Partnership
- Corporation- State: New Jersey
- Other \_\_\_\_\_
- Association
- Limited Partnership

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) July 14, 2006

- Assignment
- Security Agreement
- Other Termination of Security Interest
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached?  Yes  No

Name: Select Nutrition Distributors, Inc.

Internal Address: \_\_\_\_\_

Street Address: 60 Charles Lindbergh Blvd., Suite 120

City: Uniondale

State: NY

Country: USA Zip: 11553

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

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)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1177780, 1196629, 1297254, 1311695, 1854439

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):  
NAT-RUL HEALTH, MAXIPHANE, MAXIMUM MEMORY, MAXIMUM VIRILITY, LIFEMATE

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

Name: FILEEN K. TOBIN, PARALEGAL

Internal Address: CAMERON & MITTLEMAN LLP

Street Address: 56 EXCHANGE TERRACE

City: PROVIDENCE

State: RI Zip: 02903

Phone Number: 401-331-5700 EXT. 336

Fax Number: 401-454-4526

Email Address: ETOBIN@CMLLP.COM

6. Total number of applications and registrations involved:

5

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 200.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

9. Signature:

BYRNE 00000006 1177780

Signature

Date

7-28-06

*[Handwritten Signature]*  
JOSEPH A. ANESTA, ESQ.  
200.00 DP  
Name of Person Signing

Total number of pages including cover sheet, attachments, and document:  3

000153010  
08/03/2006 BYRNE

CHECK Refund Total: \$60.00

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

08/03/2006  
01 FC:8521  
02 FC:8522

TRADEMARK  
REEL: 003373 FRAME: 0252

**TERMINATION OF SECURITY AGREEMENT**

This Termination of Security Agreement, dated as of July 14, 2006, executed by Dime Capital Partners, Inc. ("Secured Party"), releasing all security interests of the Secured Party in trademarks held pursuant to that certain Security Agreement dated as of June 4, 1999 in Trademark Collateral (defined below) owned by Select Nutrition Distributors, Inc. (formerly known as NAT-RUL HEALTH, INC.) ("Debtor").

**RECITALS**

WHEREAS, Debtor granted Secured Party a security interest in the trademarks listed in Attachment A (the "Trademark Collateral"):

WHEREAS, Secured Party has agreed to the termination of Secured Party's security interest in the Trademark Collateral.

NOW, THEREFORE, in consideration of the premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Secured Party hereby terminates all of the Secured Party's security interests in the Trademark Collateral.

IN WITNESS WHEREOF, Secured Party has caused this Termination of Security Agreement to be duly executed on the date first mentioned above.

**DIME CAPITAL PARTNERS, INC.**

By: Keith Vallicchi  
Name: Keith Vallicchi  
Title: Manager

STATE OF New Jersey  
COUNTY OF Morris

On this 14 day of July, 2006 before me personally appeared Keith Vallicchi, to me personally known, who being by me duly sworn says that he/she is the Partner of Dime Capital Partners, Inc., duly authorized to execute this instrument for Dime Capital Partners, Inc., and that said execution was his/her free act and deed and the free act and deed of Dime Capital Partners, Inc.

Kathy Raymond  
Notary Public  
My Commission Expires **KATHY RAYMOND  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Jan. 24, 2007**

**ATTACHMENT A**

<b><u>Trademark</u></b>	<b><u>Serial No.</u></b>	<b><u>Registration #</u></b>	<b><u>Registration Date</u></b>
NAT-RUL HEALTH	73250785	1177780	November 17, 1981
MAXIPHANE	73284156	1196629	June 1, 1982
MAXIMUM MEMORY	73439821	1297254	September 18, 1984
MAXIMUM VIRILITY	73439822	1311695	December 25, 1984
LIFEMATE	74459423	1854439	September 20, 1994

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# RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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Name: Select Nutrition Distributors, Inc.

Internal

Address: \_\_\_\_\_

Street Address: 60 Charles Lindbergh Blvd., Suite 120

City: Uniondale

State: NY

Country: USA Zip: 11553

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship Delaware
- Other \_\_\_\_\_ Citizenship \_\_\_\_\_

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)

### 4. Application number(s) or registration number(s) and identification or description of the Trademark.

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

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Internal Address: CAMERON & MITTLEMAN LLP

Street Address: 56 EXCHANGE TERRACE

City: PROVIDENCE

State: RI Zip: 02903

Phone Number: 401-331-5700 EXT. 336

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Authorized User Name \_\_\_\_\_

### 9. Signature:

Signature

JOSEPH A. ANESTA, ESQ.

Name of Person Signing

Date

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IN WITNESS WHEREOF, Secured Party has caused this Termination of Security Agreement to be duly executed on the date first mentioned above.

DIME CAPITAL PARTNERS, INC.

By: Kurt Vallacchi  
Name: Kurt Vallacchi  
Title: Manager

STATE OF New Jersey  
COUNTY OF Morris

On this 14 day of July, 2006 before me personally appeared Keith Vallacchi, to me personally known, who being by me duly sworn says that he/she is the Partner of Dime Capital Partners, Inc., duly authorized to execute this instrument for Dime Capital Partners, Inc., and that said execution was his/her free act and deed and the free act and deed of Dime Capital Partners, Inc.

Kathy Raymond  
Notary Public  
My Commission Expires Jan. 24, 2007  
KATHY RAYMOND  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Jan. 24, 2007

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