

## TRADEMARK ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:

NEW ASSIGNMENT

NATURE OF CONVEYANCE:

ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Incotec Inc.		01/15/2007	CORPORATION: CALIFORNIA

## RECEIVING PARTY DATA

Name:	Incotec Holding B.V.
Street Address:	Westende 107
City:	1601 BL Enkhuizen
State/Country:	NETHERLANDS
Entity Type:	COMPANY: NETHERLANDS

## PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	1595730	INCOTEC

## CORRESPONDENCE DATA

Fax Number: (312)236-7516

*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*

Phone: 312-368-4000

Email: ch.tm@dlapiper.com

Correspondent Name: Keith W. Medansky, Esq.

Address Line 1: DLA Piper US LLP

Address Line 2: P.O. Box 64807

Address Line 4: Chicago, ILLINOIS 60664-0807

ATTORNEY DOCKET NUMBER:

265097-053008

## DOMESTIC REPRESENTATIVE

Name:

Address Line 1:

Address Line 2:

Address Line 3:

900069860

TRADEMARK  
REEL: 003484 FRAME: 0806

CH \$40.00 1595730

Address Line 4:

NAME OF SUBMITTER:

Keith W. Medansky

Signature:

/keith medansky/

Date:

02/21/2007

Total Attachments: 1

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**DEED OF ASSIGNMENT**

The undersigned,

Incotec Inc.  
1293 Harkins Street  
Salinas, CA 93901-4495  
United States of America

of the one part,  
hereinafter called the Assignor

and

Incotec Holding B.V.  
Westende 107  
1601 BL Enkhuizen  
The Netherlands

of the other part,  
hereinafter called the Assignee


Whereas:

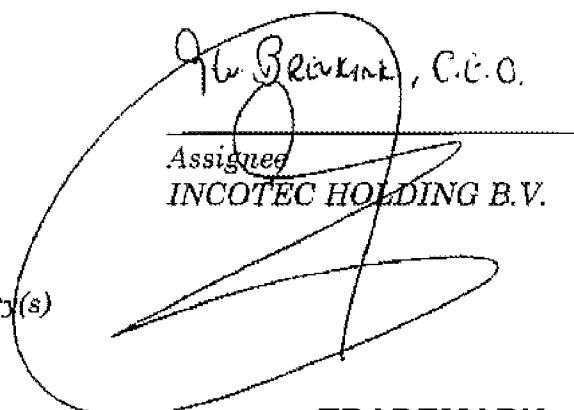
The Assignor has agreed to assign its US registration No. 1595730 INCOTEC in class 40

It is hereby agreed as follows:

1. The Assignor assigns to the Assignee all rights in the above trademark(s) together with the goodwill attached thereto.
2. The Assignee accepts this assignment and will arrange for the necessary steps to be taken for the recordal of assignment.

Done this 15th day of January 2007

  
Assignor  
INCOTEC, INC. PRESIDENT

  
Assignee  
INCOTEC HOLDING B.V. C.E.O.

Please state name and capacity of the signatory(s)