Doc Code:

FORM PTO-1594 (Modified) Docket No.: (Rev. 07/05) OMB No. 0651-0027 (exp. 6/30/2008) RECORDATION FORM COVER SHEET 2990 TM05/REV04 TRADEMARKS / SERVICE MARKS ONLY To the Director of the U. S. Patent and Trademark Office: Please record the attached original documents or the new address(es) below. 1. Name of conveying party(ies): Name and address of receiving party(ies): ☐ Yes Additional names, addresses, or citizenship attached? M No. WHOLESOME CHOICE, INC. Name: WHOLESOME CHOICE MARKET, INC. Internal Address: ☐ Individual(s) Street Address: <u>18040 CULVER</u> DRIVE Association ☐ General Partnership Limited Partnership City: <u>IRVINE</u> State: CALIFORNIA □ Corporation-State: CALIFORNIA Country: US ZIP: 92612 □ Other ☐ Association Citizenship Citizenship (see guidelines) Additional names(s) of conveying party(ies) Yes 🛛 No ☐ General Partnership Citizenship ☐ Limited Partnership Nature of conveyance/Execution Date(s): Citizenship \_\_\_\_\_ □ Corporation Citizenship CALIFORNIA Execution Date: 05/25/2004 ☐ Other Assignment ☐ Merger If assignee is not domicited in the United States, a domestic representative □ Security Agreement ☐ Change of Name designation is attached: ☐ Yes ☐ No □ Other (Designations must be a separate document from 4. Application number(s) or registration numbers(s) and identification or description of the Trademark/Service Mark: A. Trademark / Service Mark Application No.(s) B. Trademark / Service Mark Registration No.(s) 2,971,569 Additional sheet(s) attached? Yes No 🗵 C. Identification or Description of Trademark(s)/Service Mark(s) (and Filing Date if Application or Registration Number is unknown): Name & address of party to whom correspondence 6. Total number of applications and 1 concerning document should be mailed: registrations involved: Name: WALTER A. HACKLER, Ph.D. 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40 Internal Address: Authorized to be charged by credit card Authorized to be charged to deposit account Street Address: 2372 S.E. BRISTOL STREET, SUITE B ☐ Enclosed City: NEWPORT BEACH 8. Payment Information: State: CALIFORNIA Zip: 92660-0755 a. Credit Card Last 4 Numbers Phone Number: (949) 851-5010 Expiration Date Fax Number: (949) 752-1925 b. Deposit Account Number 08-0114 Email Address: Authorized User Name WALTER A. HACKLER Signature: **AUGUST 28, 2007** Signature Date WALTER A. HACKLER Total number of pages including cover sheet, attachments, and document; Name of Person Signing

## ASSIGNMENT OF TRADEMARK

WHEREAS, Wholesome Choice Inc., a corporation dully organized and existing under the laws of the State of California, located and doing business at 18040 Culver Dr., Irvine, CA 92612 has adapted and has used in its business the mark "WHOLESOME CHOICE" and is owner of registration No. 2,971,569 registered in the United States Patent and Trademark Office on July 19, 2005 and whereas Wholesome Choice Market, Inc., a corporation dully organized and existing under the laws of the State of California, located and doing business at 2332 Barranca Pkwy., Irvine CA 92606, is desirous of acquiring said mark and said registration.

NOW, THEREFORE, in consideration of and in exchange for the sum of 10 dollars and other good and valuable consideration, the receipt of which is hereby acknowledged, Wholesome Choice, Inc. does sell, assign, transfer and set over the Wholesome Choice Market, Inc. the entire right, title and interest in to said mark, together with the goodwill of the business associated with the mark and the registration thereof.

All correspondence should be directed to:

Attn: Mike Mokhtare (President) Wholesome Choice Market, Inc.

18040 Culver Dr. Irvine, CA 92612

Phone: 949-551-4111

Wholesome Choice, Inc. By:

Mohammad Mokhtare

Date:

TRADEMARK REEL: 003611 FRAME: 0983

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL LETTER (GENERAL) for Transmission by Facsimile

WHOLESOME CHOICE, INC.

Docket No.

Serial No.:

76/455,490

2990

Registration No.:

2,971,569

Trademark:

WHOLESOME CHOICE

### TO THE COMMISSIONER FOR TRADEMARKS:

Transmitted herewith is the following:

No fee is required.

RECORDATION FORM COVER SHEET ASSIGNMENT

Please charge Deposit Account No.

X	The Director is hereby authorized to charge any underpayment of fees associated with this submission or credit any overpayment to Deposit Account No. 08-0114						
	Please charge my credit card in the amount of	as filing fee.	as filing fee.				
	WARNING: Information on this form may become public. Credit card information should not included on this form. Provide credit card information and authorization on form PTO-2038.						
	Signature	Dated:AUGUST 28, 2007					

08-0114

PATENT LAW OFFICE 2372 S.E. BRISTOL STREET, SUITE B NEWPORT BEACH, CALIFORNIA 92660-0755

WALTER A. HACKLER, Ph.D.

TEL: (949) 851-5010

FAX: (949) 752-1925

CC:

I certify that this transmittal and attached document(s) are being facsimile transmitted under 37 C.F.R. 1.8 to the United States Patent and Trademark Office

(Fax No. 571,273,0140 ) on

in the amount of \$40.00

**AUGUST 28, 2007** 

(Date)

Signature

WALTER A. HACKLER

Typed or Printed Name of Person Signing Certificate

TRADEMARK **REEL: 003611 FRAME: 0984** 

be

2372 S.E. BRISTOL STREET, SUITE B NEWPORT BEACH, CALIFORNIA 92660-0755 TEL: 949.851.5010; FAX: 949.752,1925

# WALTER A. HACKLER LAW OFFICE



**RECORDED: 08/28/2007** 

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Re:	Recordation Form Cover Sheet and Assignment								
Phone:	hone: 703.308.9723			Date:	Tuesday, August 28, 2007				
Fax:	ж: 571.273.0140			Pages:	4				
To:	Ass	ignment Division		From:	Walter A. Hackler				

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