

700339867

Form PTO-1594 (Rev. 07/05)
OMB Collection 0851-0027 (exp. 6/30/2008)

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

REGISTRATION FORM COVER SHEET TRADEMARKS ONLY

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

1. Name of conveying party(ies):
Hikari Sales USA, Inc.

Individual(s) Association
 General Partnership Limited Partnership
 Corporation- State: **California**
 Other _____

Citizenship (see guidelines) _____
 Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)
 Additional names, addresses, or citizenship attached? Yes No

Name: **Kyoran Co., Ltd.**
 Internal Address: _____
 Address: _____
 Street Address: **9, Minami-Machi**
 City: **Himeji City**
 State: _____
 Country: **JAPAN** Zip: **670-0912**

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship: **JAPAN**
 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)

3. Nature of conveyance / Execution Date(s):
 Execution Date(s) **November 1, 2006**

Assignment Merger
 Security Agreement Change of Name
 Other _____

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

A. Trademark Application No. (s)
78009371

B. Trademark Registration No. (s) **2455563, 3056063, 2322604, 2296147**

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
Sinking wafers, First Bites, Micro Pellets, Bio-Gold, Algae Wafers

5. Name & address of party to whom correspondence concerning document should be mailed:
 Name: **Chris Clevers**
 Internal Address: _____
 Street Address: **2804 McCone Ave**
 City: **Hawthorn**
 State: **CA** Zip: **94545**
 Phone Number: **(510) 785-3244 (16)**
 Fax Number: **(510) 785-4782**
 Email Address: **Chris@hikari.usa.com**

6. Total number of applications and registrations involved: **5**

7. Total fee (\$7 CFR 2.0(b)(6) & 3.41) \$ _____

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: **Chris Clevers** Signature Date: **8/28/07**
 Name of Person Signing Total number of pages including cover sheet, attachments, and document: **3**

Documents to be recorded (including cover sheet) should be filed to (871) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1468, Alexandria, VA 22303-1468

Payment has already been made none is required

6809383

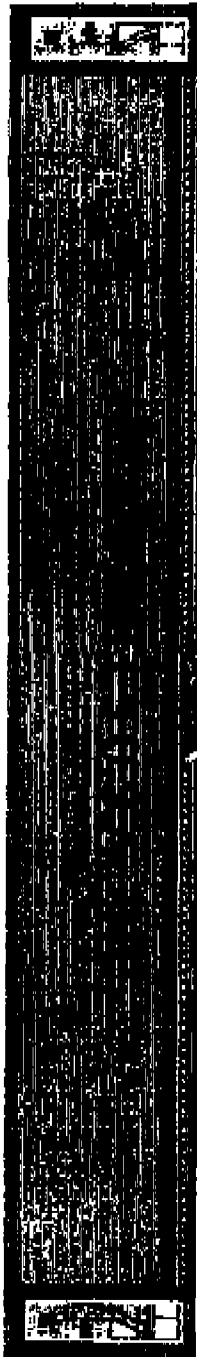
UNITED STATES

LEGENDS ON REVERSE

INCORPORATED UNDER THE LAWS

March 23, 1913

OF THE STATE OF CALIFORNIA



Michael J. ...

Kyorin Co., Ltd.

registered holder of

"Two Thousand (2,000)"

shares

*known hereby only on the books of the Corporation by the holder hereof in
possession by showing upon surrender of this certificate proper payment.*

*In Witness Whereof, the said Corporation has caused this Certificate to be signed
by its duly authorized officers and its corporate Seal to be hereunto affixed:*

This 1st *day*

of November 24th 1906

[Signature]

VICE PRESIDENT

[Signature]

CHIEF CLERK, PRESIDENT

11/20/06

TRADEMARK

REEL: 003613 FRAME: 0544

06-728178



**State of California
Secretary of State**

**STATEMENT OF INFORMATION
(Domestic Stock Corporation)**

S

FEES (Filing and Disclosure): \$26.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. **CORPORATE NAME** (Please do not over if name is preprinted.)

HIKARI SALES U.S.A., INC.
01137808

FILED
In the office of the Secretary of State
of the State of California

NOV 1 6 2006

This Space For Filing Use Only

DUE DATE:

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1602.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 180 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE	ZIP CODE
2804 McCone Avenue	Hayward, CA	94545-1883

3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
2804 McCone Avenue	Hayward	CA	94545-1883

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted lines on this form must not be altered.)

4. CHIEF EXECUTIVE OFFICER	ADDRESS	CITY AND STATE	ZIP CODE
Michiko Kamihata	2804 McCone Avenue	Hayward, CA	94545-1883

5. SECRETARY	ADDRESS	CITY AND STATE	ZIP CODE
Michiko Kamihata	2804 McCone Avenue	Hayward, CA	94545-1883

6. CHIEF FINANCIAL OFFICER	ADDRESS	CITY AND STATE	ZIP CODE
Michiko Kamihata	2804 McCone Avenue	Hayward, CA	94545-1883

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

7. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Michiko Kamihata	2804 McCone Avenue	Hayward, CA	94545-1883

8. NAME	ADDRESS	CITY AND STATE	ZIP CODE

9. NAME	ADDRESS	CITY AND STATE	ZIP CODE

10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY.

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Year of Birth must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate of qualification pursuant to Corporations Code section 1206 and item 12 must be left blank.)

11. NAME OF AGENT FOR SERVICE OF PROCESS
Christopher K. Clevers

12. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
2804 McCone Avenue	Hayward	CA	94545-1883

TYPE OF BUSINESS

13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
Sale of fish food and related goods

14. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

Christopher K. Clevers

President

11/1/2006

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

TITLE

DATE

68-200 C (REV 07/2005)

APPROVED BY SECRETARY OF STATE