

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
Rolf C. Hagen (USA) Corp.		09/16/2008	CORPORATION: MASSACHUSETTS
RECEIVING PARTY DATA			
Name:	Rolf C. Hagen, Inc.		
Street Address:	20500 Trans Canada Highway		
City:	Baie D'Urfe, Montreal, Quebec		
State/Country:	CANADA		
Postal Code:	H9X 0A2		
Entity Type:	CORPORATION: CANADA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1143602	NUTRA FIN	
CORRESPONDENCE DATA			
Fax Number:	(617)646-8646		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	617-646-8000		
Email:	glgtrademarks@wolfgreenfield.com		
Correspondent Name:	Wolf Greenfield & Sacks		
Address Line 1:	600 Atlantic Avenue		
Address Line 4:	Boston, MASSACHUSETTS 02210		
ATTORNEY DOCKET NUMBER:	R0136.40000US00		
DOMESTIC REPRESENTATIVE			
Name:	Wolf Greenfield & Sacks		
Address Line 1:	600 Atlantic Avenue		
Address Line 4:	Boston, MASSACHUSETTS 02210		

CH \$40.00 1143602

NAME OF SUBMITTER:	George L. Greenfield
Signature:	/glg/
Date:	09/29/2008
Total Attachments: 2 source=R0136.40000US00 asi#page1.tif source=R0136.40000US00 asi#page2.tif	

R0136.40000US00

ASSIGNMENT

WHEREAS, Rolf C. Hagen (USA) Corp., a corporation of Massachusetts having an office and place of business at 305 Forbes Blvd., Mansfield, MA 02048 has adopted and used the following marks and the trademark Registrations:

SCHEDULE OF TRADEMARKS

MARK	REG. NO.	REG. DATE
NUTRAFIN	1,143,602	12/16/1980

WHEREAS, Rolf C. Hagen, Inc., a corporation of Canada, having an office and place of business at 20500 Trans Canada Highway, Baie D'Urfe, Montreal H9X 0A2, Canada is desirous of acquiring said marks and the registrations therefor.

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, said Rolf C. Hagen (USA) Corp. without representations or warranties with respect to said trademarks or registrations or the title thereto does hereby assign unto the said Rolf C. Hagen, Inc., all its rights, title and interest in and to the said marks and the registrations therefor, together with the goodwill of the business symbolized by said marks and the registrations therefor and including all rights to sue and recover for past infringement of said marks and the registrations therefor.

Rolf C. Hagen (USA) Corp.

Date 9/16/08

By: [Signature]
Name: Robert DeRusho
Title: General Manager

STATE OF :
COUNTY OF :

Subscribed to and sworn before me this _____ day of _____

SEAL

Notary Public
My Commission Expires _____

MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

Gov. Exec. Ord. #455 (03-13), §5(d)

Commonwealth of Massachusetts }
County of Bristol } ss.

On this the 16 day of September, 2008, before me,

Patricia Munger, the undersigned Notary Public,
Name of Notary Public

personally appeared Robert DeLusha,
Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were
personally known
Description of Evidence of Identity

to be the person(s) whose name(s) is/are signed on the preceding or attached document,
and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(s).

as partner(s) for _____
Name of Partnership

_____, a partnership.

as General Manager for
Title of Office
Rolf Chegen/USA Corp corporation.
Name of Corporation

as attorney in fact for _____

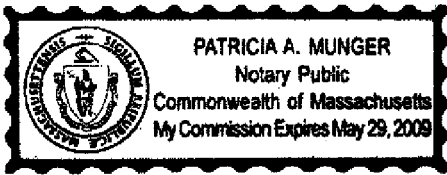
_____, the principal.
Name of Principal Signer

as _____ for _____
Type of Capacity

_____, a/the _____
Name of Person/Entity Type of Entity

Patricia A. Munger
Signature of Notary Public

Patricia A. Munger
Printed Name of Notary



Place Notary Seal and/or Any Stamp Above

My Commission Expires May 29, 2009

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Right Thumbprint of Signer
Top of thumb here