


Client Code: TRKY.UCC1

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director, U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): (List using letters or numbers for multiple parties)</p> <p>Turkey USA, Inc.</p> <p>( ) Individual                      ( ) General Partnership  ( ) Association                    ( ) Limited Partnership  ( ) Other:                            (X) Corporation of: CA</p> <p>Additional name(s) of conveying party(ies) attached?  ( ) Yes (X) No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: Knobbe, Martens, Olson, &amp; Bear, LLP  <b>Internal Address:</b> Fourteenth Floor  <b>Street Address:</b> 2040 Main Street  <b>City:</b> Irvine <b>State:</b> CA  <b>ZIP:</b> 92614</p> <p>( ) Individual                      ( ) General Partnership  ( ) Association                    ( ) Limited Partnership  (X) Other: Limited                ( ) Corporation of:  Liability Partnership</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached:  ( ) Yes (X) No</p> <p>Additional name(s) and address(es) attached?  ( ) Yes (X) No</p>
<p>3. Nature of conveyance:</p> <p>( ) Assignment                      ( ) Security Agreement  ( ) Merger                            ( ) Change of Name  (X) <b>Other: Security Interest</b></p> <p>Execution Date: (List as in section 1 if multiple signatures)  August 28, 2008</p>	<p>4. Application number(s) or registration number(s):</p> <p>a. Trademark Application No(s):  78/414596</p> <p>b. Trademark Registration No(s):</p> <p>Additional numbers attached?  (X) Yes ( ) No</p>
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p><b>Customer No.</b> 20,995  <b>Address:</b> Knobbe, Martens, Olson &amp; Bear, LLP  2040 Main Street, 14<sup>th</sup> Floor  Irvine, CA 92614  <b>Return Fax:</b> (949) 760-9502  <b>Attorney's Docket No.:</b> TRKY.UCC1</p>	<p>6. Total number of applications and registrations involved:  2</p> <p>7. Total fee (37 CFR 1.21(h)): \$65.00  (X) Authorized to be charged to deposit account</p>
<p>8. Deposit account number: 11-1410</p> <p>Please charge this account for any additional fees which may be required, or credit any overpayment to this account.</p>	
<p>9. Statement and signature.</p> <p>To the best of my knowledge and belief, the foregoing information is true and correct, and any attached copy is a true copy of the original document.</p> <p>Steven J. Nataupsky                                            <u>10/2/08</u>  Name of Person Signing                      Signature                      Date</p> <p style="text-align: center;">Total number of pages including cover sheet, attachments and document: 3</p>	

Documents transmitted via Facsimile to be recorded with required cover sheet information to:

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TRADEMARK

REEL: 003890 FRAME: 0378

**U.S. Trademark Applications**

<b>Case No.</b>	<b>Trademark Name:</b>	<b>App No.</b>	<b>Filing Date:</b>	<b>Reg No:</b>
TRKY.002T	TRKY (STYLIZED) AND/OR WITH DESIGN	78/414596	5/6/2004	3261945
TRKY.003T	TURKEY (stylized and/or with design)	78/414598	5/6/2004	3443275

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**A. NAME & PHONE OF CONTACT AT FILER [optional]**Ybarra  
(949) 760-0404**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**Knobbe, Martens, Olson & Bear, LLP  
2040 Main Street, 14th Floor  
Irvine, CA 92614  
USA

DOCUMENT NUMBER: 18217200002

FILING NUMBER: 08-7170281014

FILING DATE: 08/28/2008 16:49

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY**1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names**

1a. ORGANIZATION'S NAME Turkey USA, Inc.				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS PO Box 9523		CITY Laguna Beach	STATE CA	POSTAL CODE 92652
1d. SEE INSTRUCTIONS		ADD'L DEBTOR INFO	1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION CA
			1g. ORGANIZATIONAL ID#, if any <input checked="" type="checkbox"/> NONE	

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names**

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. SEE INSTRUCTIONS		ADD'L DEBTOR INFO	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
			2g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE	

**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)**

3a. ORGANIZATION'S NAME Knobbe, Martens, Olson, & Bear, LLP				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 2040 Main Street, 14th Floor		CITY Irvine	STATE CA	POSTAL CODE 92614
				COUNTRY USA

**4. This FINANCING STATEMENT covers the following collateral:**

See Attachment(s)

**5. ALT DESIGNATION:**  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS  
Attach Addendum [if applicable]7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)  
[ADDITIONAL FEE] [optional]  All Debtors  Debtor 1  Debtor 2**8. OPTIONAL FILER REFERENCE DATA**

TRKY

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RECORDED: 11/18/2008

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