TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

 SUBMISSION TYPE:
 NEW ASSIGNMENT

 NATURE OF CONVEYANCE:
 CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Caldwell Consumer Health, LLC		103/18/2009 I	LIMITED LIABILITY COMPANY:

RECEIVING PARTY DATA

Name:	Caldwell Consumer Health, LLC	
Doing Business As:	DBA Revive Personal Products Company	
Street Address:	8 Elmer Street	
City:	Madison	
State/Country:	NEW JERSEY	
Postal Code:	07940	
Entity Type:	LIMITED LIABILITY COMPANY:	

PROPERTY NUMBERS Total: 15

Property Type	Number	Word Mark
Registration Number:	2506435	HEALTHY WOMAN
Registration Number:	657655	DELFEN
Registration Number:	1206690	GYNOL II
Registration Number:	1609550	CONCEPTROL
Registration Number:	1502774	CONCEPTROL
Registration Number:	1155160	WART-OFF
Registration Number:	2291301	HEALTHY WOMAN
Registration Number:	1394574	FRESH 'N BRITE
Registration Number:	2571766	OPTISOY
Registration Number:	1280608	STIM-U-DENT
Registration Number:	2443100	HEALTHY WOMAN
Serial Number:	77695451	OPTIONS CONCEPTROL
Serial Number:	77695466	OPTIONS GYNOL II

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900135653

Serial Number:	77695475	OPTIONS DELFEN
Serial Number:	77715085	THE WOMAN'S WAY TO PREVENT PREGNANCY

CORRESPONDENCE DATA

Fax Number: (732)530-2039

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

Phone: (732) 275-3100

Email: trademark@mfiplaw.com

Correspondent Name: MALDJIAN & FALLON LLC

Address Line 1: 365 Broad St.

Address Line 2: 3rd Floor

Address Line 4: Red Bank, NEW JERSEY 07701

ATTORNEY DOCKET NUMBER:	TTORNEY DOCKET NUMBER: CCHGEN - VARIOUS MARKS	
NAME OF SUBMITTER:	John P. Maldjian	
Signature:	/John P. Maldjian/	
Date:	06/05/2009	

Total Attachments: 1

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TRADEMARK
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Mail to: PO Box 308 Trenton, VJ 08646

FEE REQUIRED

STATE OF NEW JERSEY DIVISION OF REVENUE

REGISTRATION OF ALTERNATE NAME

1	ANK	3rd Floor Treaton, NJ		-100
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Complete the following applicable information, and sign in the space provided. Please note that once filed information filed form is considered public. Refer to the instructions on page 26 for filing fees and field-by-field requirements. Remember to

remit	the appropriate fee amount. Use attachments if more space is required for any field.					
	Check Appropriate Statute:					
	Title 14A:2-2.1 (2) New Jersey Business Corporation Act * Title 42:2B-4 Limited Liability Company					
	Title 15A:2-2-3 (b) New Jersey Nonprofit Corporation Act Title 42:2A-6 Limited Partnership					
hereb;	ant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the ving application:					
1.	Name of Corporation/Business: Caldwell Consumer Health, LLC					
2.	NJ 10-digit ID number: 0400247424					
3.	Set forth state of Original Incorporation/Formation: Delaware					
4.	Date of Incorporation/Formation: August 26, 2008					
	Date of Authorization (Foreign): August 28, 2008					
5.	Alternate Name to be used: Revive Personal Products Company					
6.	State the purpose or activity to be conducted using the Alternate Name: Sale of Personal Care Products					
7.	The Business intends to use the Alternate Name in this State.					
8.	The Business has not previously used the Alternate Name in this State in violation of this Statute, or; if it has, the month and year in which it commenced such use is:					
	Signature requirements:					
	For Corporations Chairman of the Board., President, Vice-President General Partner For all Other Business Types Authorized Representative					
	SIGNATURE: Authorized Representative TITLE:					
	Kelly Kaplan 3/18/09 NAME (please type): DATE:					

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE. S2138876

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RECORDED: 06/05/2009

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