

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

|                              |                                                                                                                                                                        |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUBMISSION TYPE:</b>      | CORRECTIVE ASSIGNMENT                                                                                                                                                  |
| <b>NATURE OF CONVEYANCE:</b> | Corrective Assignment to correct the Citizenship/State of Incorporation previously recorded on Reel 003999 Frame 0977. Assignor(s) hereby confirms the Change of Name. |

**CONVEYING PARTY DATA**

| Name                          | Formerly | Execution Date | Entity Type                         |
|-------------------------------|----------|----------------|-------------------------------------|
| Caldwell Consumer Health, LLC |          | 03/18/2009     | LIMITED LIABILITY COMPANY: DELAWARE |

**RECEIVING PARTY DATA**

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

**PROPERTY NUMBERS Total: 15**

| Property Type  | Number   | Word Mark                            |
|----------------|----------|--------------------------------------|
| Serial Number: | 77695451 | OPTIONS CONCEPTROL                   |
| Serial Number: | 77695466 | OPTIONS GYNOL II                     |
| Serial Number: | 77695475 | OPTIONS DELFEN                       |
| Serial Number: | 77715085 | THE WOMAN'S WAY TO PREVENT PREGNANCY |
| Serial Number: | 76162945 | HEALTHY WOMAN                        |
| Serial Number: | 72000509 | DELFEN                               |
| Serial Number: | 73280655 | GYNOL II                             |
| Serial Number: | 74008487 | CONCEPTROL                           |
| Serial Number: | 73708727 | CONCEPTROL                           |
| Serial Number: | 73237907 | WART-OFF                             |
| Serial Number: | 75126947 | HEALTHY WOMAN                        |

CH \$390.00 77695451

|                |          |                |
|----------------|----------|----------------|
| Serial Number: | 73536742 | FRESH 'N BRITE |
| Serial Number: | 75541702 | OPTISOY        |
| Serial Number: | 73379883 | STIM-U-DENT    |
| Serial Number: | 75541701 | HEALTHY WOMAN  |

**CORRESPONDENCE DATA**

Fax Number: (732)530-2039  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 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: | CCH001- RECORD ASSIGNMENT |
| NAME OF SUBMITTER:      | John P. Maldjian          |
| Signature:              | /John P. Maldjian/        |
| Date:                   | 06/16/2009                |

Total Attachments: 3  
 source=CCH to RPPC#page1.tif  
 source=Change of Name Confirmation#page1.tif  
 source=Change of Name Confirmation#page2.tif

|                             |
|-----------------------------|
| <b>TRADEMARK ASSIGNMENT</b> |
|-----------------------------|

Electronic Version v1.1

Stylesheet Version v1.1

|                                   |                                      |                       |                            |
|-----------------------------------|--------------------------------------|-----------------------|----------------------------|
| <b>SUBMISSION TYPE:</b>           | NEW ASSIGNMENT                       |                       |                            |
| <b>NATURE OF CONVEYANCE:</b>      | CHANGE OF NAME                       |                       |                            |
| <b>CONVEYING PARTY DATA</b>       |                                      |                       |                            |
| <b>Name</b>                       | <b>Formerly</b>                      | <b>Execution Date</b> | <b>Entity Type</b>         |
| Caldwell Consumer Health, LLC     |                                      | 03/18/2009            | LIMITED LIABILITY COMPANY: |
| <b>RECEIVING PARTY DATA</b>       |                                      |                       |                            |
| <b>Name:</b>                      | Caldwell Consumer Health, LLC        |                       |                            |
| <b>Doing Business As:</b>         | DBA Revive Personal Products Company |                       |                            |
| <b>Street Address:</b>            | 8 Elmer Street                       |                       |                            |
| <b>City:</b>                      | Madison                              |                       |                            |
| <b>State/Country:</b>             | NEW JERSEY                           |                       |                            |
| <b>Postal Code:</b>               | 07940                                |                       |                            |
| <b>Entity Type:</b>               | LIMITED LIABILITY COMPANY:           |                       |                            |
| <b>PROPERTY NUMBERS Total: 15</b> |                                      |                       |                            |
| <b>Property Type</b>              | <b>Number</b>                        | <b>Word Mark</b>      |                            |
| <b>Registration Number:</b>       | 2506435                              | HEALTHY WOMAN         |                            |
| <b>Registration Number:</b>       | 657655                               | DELFIN                |                            |
| <b>Registration Number:</b>       | 1206690                              | GYNOL II              |                            |
| <b>Registration Number:</b>       | 1609550                              | CONCEPTROL            |                            |
| <b>Registration Number:</b>       | 1502774                              | CONCEPTROL            |                            |
| <b>Registration Number:</b>       | 1155160                              | WART-OFF              |                            |
| <b>Registration Number:</b>       | 2291301                              | HEALTHY WOMAN         |                            |
| <b>Registration Number:</b>       | 1394574                              | FRESH 'N BRITE        |                            |

TRADEMARK

|                      |          |                                      |
|----------------------|----------|--------------------------------------|
| 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                     |
| 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: | CCHGEN - VARIOUS MARKS |
| NAME OF SUBMITTER:      | John P. Maldjian       |
| Signature:              | /John P. Maldjian/     |
| Date:                   | 06/05/2009             |

Total Attachments: 1

source=CCH to RPPC#page1.tif

## RECEIPT INFORMATION

ETAS ID: TM144986

Receipt Date: 06/05/2009

Fee Amount: \$390

TRADEMARK

Mail to: PO Box 308  
Trenton, NJ 08646

STATE OF NEW JERSEY  
DIVISION OF REVENUE

Overnight to: *PNK*  
225 West State St.  
3rd Floor  
Trenton, NJ 08608-1001

**FEES REQUIRED**

**REGISTRATION OF ALTERNATE NAME**

**FILED**  
MAR 24 2009  
STATE TREASURER

**C-150G**

Complete the following applicable information, and sign in the space provided. Please note that once filed, the information disclosed in the 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.

*0400247424*

**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

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following 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  
For Limited Partnerships  
For all Other Business Types

Chairman of the Board., President, Vice-President  
General Partner  
Authorized Representative

*Kelly M. Kaplan*  
SIGNATURE:

Authorized Representative  
TITLE:

Kelly Kaplan  
NAME (please type):

3/18/09  
DATE:

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

*S2138876*  
*J3928636*