FORM PTO-1594 (Modified) (Rev. 07/05) OMB No. 0651-0027 (exp. 6/30/2008) TM05/REV04

12-02-2009



S ONLY

Docket No.:

Y9.0122

TRADE	١	
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103582163

To the Director of the U.S. Patent and Trademark Office: Please rec	ord the attached original documents or the new address(es) below.	
Name of conveying party(ies):	2. Name and address of receiving party(ies): ☐ Yes	
EXTREME	Additional names, addresses, or citizenship attached?	
	Name: Protein Customizer, Inc.	
	Internal Address: P.O. Box 1301	
☐ Individual(s) ☐ Association	Street Address: 1500 Foundry Street, Unit No. 8	
☐ General Partnership ☐ Limited Partnership	City: St. Charles	
☑ Corporation-State: Illinois	State: Illinois	
C) Other	Country: USA ZIP: 60174	
Cítizenship (see guidelines)	☐ Association Citizenship	
Additional names(s) of conveying party(ies)	☐ General Partnership Citizenship	
3. Nature of conveyance/Execution Date(s):	☐ Limited Partnership Citizenship	
•	☑ Corporation Citizenship Illinois	
Execution Date: October 20, 2009	Other	
■ Assignment □ Merger	If assignee is not domiciled in the United States, a domestic representative	
☐ Security Agreement ☐ Change of Name	designation is attached:	
Other	(Designations must be a separate document from	
4. Application number(s) or registration numbers(s) and identific		
A. Trademark / Service Mark Application No.(s)	B. Trademark / Service Mark Registration News	
	Registration	
	#2,838,804 NOV 3 0 2009	
	Reference ID# 103578515	
Additional sheet(s) a		
C. Identification or Description of Trademark(s)/Service Mark(s) (and Filing	g Date if Application of Registration Number is unknown).	
RELENTLESS		
5. Name 8 address of party to whom correspondence	6. Total number of applications and	
5. Name & address of party to whom correspondence concerning document should be mailed:	registrations involved:	
Name: Mathew R. P. Perrone, Jr.		
Internal Address:	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00	
	☐ Authorized to be charged by credit card	
Street Address: 210 South Main Street	Authorized to be charged to deposit account	
	☑ Enclosed	
City: Algonquin	8. Payment Information:	
State: Illinois Zip: 60102	a. Credit Card Last 4 Numbers	
Phone Number: 847-658-5140	Expiration Date	
Fax Number: <u>847-658-1088</u>	b. Deposit Account Number 16-1375	
Email Address: mperrone@perronepatents.com	Authorized User Name Mathew R. P. Perrone, Jr.	
9. Signature:	11/30/04	
Signature	Date	
Mathew R. P. Perrone, Jr.	Total number of pages including cover 2	
Name of Person Signing	sheet, attachments, and document:	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

Form PTO-1594 (Rev. 01-09)
OMB Collection 0651-0027 (exp. 02/28/2009)

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10-26-2009



	RKS ONLY 103578515
To the Director of the U.S. Patent and Trademark Office: Please	se record the attached documents or the new address(es) below.
1. Name of conveying party(ies):  EXTREME	2. Name and address of receiving party(ies)  Additional names, addresses, or citizenship attached?  No  Name: Protein Customizer Inc.
☐ Individual(s) ☐ Association   ☐ General Partnership ☐ Limited Partnership   ☒ Corporation- State: Illinois ☐ Other	General Partnership Citizenship Limited Partnership Citizenship Corporation Citizenship Citizenship Citizenship Citizenship If assignee is not domiciled in the United States, a domestic representative designation is attached:  (Designations must be a separate document from assignment)  d identification or description of the Trademark.
A. Trademark Application No.(s)  C. Identification or Description of Trademark(s) (and Filing  RELENTLESS	B. Trademark Registration No.(s)  2,838,804  Additional sheet(s) attached? Yes No  Date if Application or Registration Number is unknown):
5. Name & address of party to whom correspondence concerning document should be mailed:  Name: Mathew R. P. Perrone, Jr.  Internal Address:	6. Total number of applications and registrations involved: 2,838,804  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40.00
Street Address:210 South Main Street	Authorized to be charged to deposit account Enclosed
City: <u>Algonquin</u>	8. Payment Information:
State Illinois Zip:60102  Phone Number:847-658-5140  Fax Number:847-658-1088  Email Address:mperrone@perronepatents.com	19/23/2999 MJAMA1 999999919 2838894  Deposit Account Name 16-1375 49-99 D  Authorized User Name Mathew R. P. Perrone, Jr.
9. Signature:  Signature  Mathew R. P. Perrone, Jr.  Name of Person Signing	Total number of pages including cover sheet, attachments, and document: 2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

## ASSIGNMENT OF TRADEMARK REGISTRATION

Whereas David J. Rosland, president and an officer of Xtreme Formulations, LLC, an Illinois Corporation of 1020 Carolina Drive, West Chicago, Illinois 60185; owns United States Trademark Registration Number 2,838,804; and

Whereas, Protein Customizer, Inc., an Illinois Corporation of P.O. Box 1301, 1500 Foundry Street, Unit No. 8, St. Charles, Illinois 60174; desires to acquire United States Trademark Registration Number 2,838,804; and

Now, therefore, for good and valuable consideration, receipt of which is hereby acknowledged, the said Xtreme Formulations, LLC, an Illinois Corporation of 1020 Carolina Drive, West Chicago, Illinois 60185, by its duly authorized president does hereby assign unto said Protein Customizer, Inc., an Illinois Corporation of P.O. Box 1301, 1500 Foundry Street, Unit No. 8, St. Charles, Illinois 60174; all right, title and interest in and to said mark, together with the good will of the business symbolized by the mark, and the above identified application for registration of said mark.

The Commissioner of Patents and Trademarks is requested to record the assignment United States Trademark Registration Number 2,838,804 to said assignee.

EXECUTED this day		2009,
, Illinois, before a Notar	10/20/09	
David J. Rosland, president		Xtreme Formulations, LLC
STATE OF Lee )		
COUNTY OF Kore	SS	
Before me personally appeare an officer of Xtreme Formula the foregoing assignment to b 2009.	cions, LLC who ackr	nowledged the execution of
Subscribed and sworn to before day of Oct.		
Olfian Stur. Notary Public	OFFICIAL WILLIAM G Notary Public - S My Commission Exp	3. FUNK State of Illinois
3	hanne and the same	

Prepared by and return to:
Mathew R. P. Perrone, Jr.
Attorney For Protein Customizer, Inc.
210 South Main Street
Algonquin, Illinois 60102
Telephone Number (847)658-5140

Date of Mailing:\_\_\_\_\_

TRADEMARK
REEL: 004106 FRAME: 0241

**RECORDED: 11/30/2009**