

12/28/09
12-29-09

Form
OMB

12-29-2009

12-08-2009



ION FORM COVER SHEET
EMARKS ONLY



103582897

103584779

Note: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies): ERIC VARGAS

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Rafael Antonio Del Rosario

Internal

Address:

Street Address: 192 Betty Street

City: Hackensack

State: New Jersey

Country: United States Zip: 07601

- Individual(s) Association
- General Partnership Limited Partnership
- Corporation- State: _____
- Other _____

Citizenship (see guidelines) New Jersey

Additional names of conveying parties attached? Yes No

Association Citizenship _____

General Partnership Citizenship _____

Limited Partnership Citizenship _____

Corporation Citizenship _____

Other Individual Citizenship New Jersey

If assignee is not domiciled in the United States, a domestic representative designation is attached. Yes No
(Designations must be a separate document from assignment)

3. Nature of conveyance / Execution Date(s) :

Execution Date(s) December 1, 2009

- Assignment Merger
- Security Agreement Change of Name
- Other _____

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

77559112

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Rafael Antonio Del Rosario

Internal Address: _____

Street Address: 192 Betty Street

City: Hackensack

State: New Jersey Zip: 07601

Phone Number: 201-342-9049

Fax Number: _____

Email Address: Rafaela@aol.com

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ HO

- Authorized to be charged to deposit account
- Enclosed check

8. Payment Information:

Deposit Account Number

Authorized User Name

12/08/2009 DBYRNE 00000005 77559112

01 FC:8521

9. Signature: Rafael A. Del Rosario

Signature

Date

12/01/2009

Rafael Antonio Del Rosario

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 2

48.00 DP

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

TRADEMARK

REEL: 004121 FRAME: 0610

December 1, 2009

To Whom It May Concern:

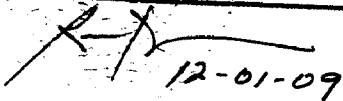
Please be advise that I Eric Vargas I'm giving full ownership 100% of the name NATURAL ESSENCE to Rafael Antonio Del Rosario. He will be responsible for the name and products of NATURAL ESSENCE.

For more information please contact me: 201-994-7021

Sincerely,

Eric Vargas


RENATO J MATIAS
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES MARCH 24, 2013


12-01-09