

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Sun Valley Bar, LLC		01/14/2009	LIMITED LIABILITY COMPANY: IDAHO
RECEIVING PARTY DATA			
<b>Name:</b>	Sun Valley Natural Products, LLC		
<b>Street Address:</b>	Box 3443		
<b>City:</b>	Sun Valley		
<b>State/Country:</b>	IDAHO		
<b>Postal Code:</b>	83353		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: IDAHO		
PROPERTY NUMBERS Total: 2			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	3514496	SUN VALLEY BAR	
Registration Number:	3544844	PAR BAR	
CORRESPONDENCE DATA			
Fax Number:	(978)341-0136		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	(978) 341-0036		
Email:	trademarks@hbsr.com		
Correspondent Name:	Mark B. Solomon		
Address Line 1:	Hamilton, Brook, Smith & Reynolds, P.C.		
Address Line 2:	530 Virginia Road, P.O. Box 9133		
Address Line 4:	Concord, MASSACHUSETTS 01742-9133		
ATTORNEY DOCKET NUMBER:	4619.0000-000		
NAME OF SUBMITTER:	Mark B. Solomon		
Signature:	/Mark B. Solomon/		
Date:	05/11/2011		
Total Attachments: 1 source=Name Change Certificate#page1.tif			

CH \$65.00 3514496

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2009 JAN 16 AM 10:50  
SECRETARY OF STATE  
STATE OF IDAHO

FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability company is:

Sun Valley Bar, LLC

If the LLC has been administratively dissolved and the name is no longer available for use, #9 below must include an amendment of name.

2. The date the articles of organization were filed was:

June 24, 2005

### COMPLETE ONLY THE APPLICABLE ITEMS

3. The name of the limited liability company is amended to read:

Sun Valley Natural Products, LLC

4. The management of the limited liability company shall henceforth be vested in:

Manager(s)     Members

5. The information on the managers/members shall be amended as follows:

<u>Name</u>	<u>Address</u>	<u>Add</u>	<u>Delete</u>	<u>Other</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

6. Signature of at least one manager, if any, or at least one member.

Signature: \_\_\_\_\_

Typed Name: Sharon Egan

Capacity: President

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/16/2009 05:00  
CX: 198754 CT: 172899 IN: 1152777  
1 @ 28.00 = 28.00 ORGAN FEE @ 4  
1 @ 28.00 = 28.00 EXPEDITE C @ 5

W040639

TRADEMARK

REEL: 004539 FRAME: 0106

RECORDED: 05/11/2011