

TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Rodney Stockton, dec'd by Denise Medrick executrix		03/07/2012	INDIVIDUAL: UNITED STATES
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Stockton Aloe 1, Inc.		
<b>Street Address:</b>	500 S. Cypress Road Suite #7		
<b>City:</b>	Pompano Beach		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33060		
<b>Entity Type:</b>	CORPORATION: FLORIDA		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	2620967	ALOE #1	
Registration Number:	1704487	ALOE # 1	
Registration Number:	1214647	YOUTH-DERM	
Registration Number:	1290667	YOUTH-DERM-RELIEF	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(954)785-3475		
<b>Phone:</b>	954-444-2283		
<b>Email:</b>	amandahaley777@gmail.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Correspondent Name:</b>	Amanda Haley		
<b>Address Line 1:</b>	421 SE 4th Ave.		
<b>Address Line 4:</b>	Pompano Beach, FLORIDA 33060		
<b>NAME OF SUBMITTER:</b>	Amanda Haley		

OP \$115.00 2620967

Signature:	/AH/
Date:	03/07/2012
<b>Total Attachments: 5</b> source=Court Document giving Denise all of Rodney's assests#page1.tif source=Court Document giving Denise all of Rodney's assests#page2.tif source=Court Document giving Denise all of Rodney's assests#page3.tif source=Court Document giving Denise all of Rodney's assests#page4.tif source=Denise Medrick - Trademark Release - final#page1.tif	



RE: ESTATE OF  
RODNEY M. STOCKTON

FILE NO.: PRC 093940

Deceased

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION  
VERIFIED STATEMENT

The Petitioner, DENISE STOCKTON MEDRICK,  
allege that HER FATHER, RODNEY M. STOCKTON, a resident  
of Broward County, whose last four numbers of the Social Security Number were 0200,  
and whose  
last known address was 750 NW 38 STREET  
OAKLAND PARK, BROWARD COUNTY FLORIDA and  
died on 7-01-09.

Death Certificate attached  
 Decedent's Will ~~(was)~~ (was not) deposited with the Clerk on N/A.

The property of the decedent, which must be transferred, consists only of personal property; the entire value of exempt property and the amount of the preferred funeral expenses and reasonable and necessary medical and hospital expenses of the last 60 days of the decedent's life.

These assets are: (please supply information to be used in the transfer of these assets.) Give names of bank, transfer agent, or company handling the asset(s).

<u>Asset Description</u>	<u>Complete Address</u>	<u>Dollar Value/Amount</u>
CHECKING ACCOUNT #XXXXXXXX3517	SUN TRUST BANK	\$4,258.84 (as at 7/15/09)
SAFE DEPOSIT BOX #4376	SUN TRUST BANK	NO VALUE (INVENTORY ATTACHED)

Funeral or burial expenses (attach statement and/or receipt)

<u>Services By</u>	<u>Complete Address</u>	<u>Amount</u>	<u>Paid or Due</u>
HUGHEY FUNERAL HOME	1314 MAIN STREET BOX 721 MT. VERNON, ILL 62864	\$6527.69	DUE

PROBATE 125-13 DISPO PERSONAL PROP W/ADMIN  
REVISED 5/29/09

Last illness expenses (statement and/or paid receipt attached):

<u>Services By</u>	<u>Complete Address</u>	<u>Amount</u>	<u>Paid or Due</u>
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Petitioner requests payment or distribution to:

<u>Name</u>	<u>Complete Address</u>	<u>Asset</u>	<u>Value</u>
HUGHEY FUNERAL HOME	1314 MAIN STREET MT. VERNON, ILL 62864	BANK ACCOUNT PROCEEDS	

I know of no other assets in the decedent's name alone except:  
MISCELLANEOUS STOCK IN PRIVATE CORPORATION, VALUE \$0

I also acknowledge that neither the application, nor the granting of this request for Disposition of Personal Property, in any way, relieves me or this Estate of the possible obligation of filing a State and Federal Tax Return.

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

Date: 11-15-09

[Signature]  
SIGNATURE OF PETITIONER

DENISE STOCKTON MEDRICK  
NAME OF PETITIONER (PLEASE PRINT)

255 Deckerham Walk  
ADDRESS

SOLE CHILD  
RELATIONSHIP TO THE DECEDENT

Marion GA 3009  
CITY STATE ZIP CODE

7601314  
TELEPHONE NUMBER OF PETITIONER

OTHER KNOWN SURVIVING SONS/DAUGHTERS; HEIRS OF THE DECEDENT:

NONE

OTHER KNOWN SURVIVING BROTHERS/SISTERS; HEIRS OF THE DECEDENT:

NONE

OTHER KNOWN SURVIVING HEIRS OF THE DECEDENT, OTHER THAN THE ABOVE:

NONE

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

Date: 11-15-09

*[Handwritten Signature]*  
SIGNATURE OF PETITIONER

255 Parkview Lane  
Dacula GA 30019

ADDRESS OF PETITIONER

SOLE CHILD

RELATIONSHIP TO DECEDENT

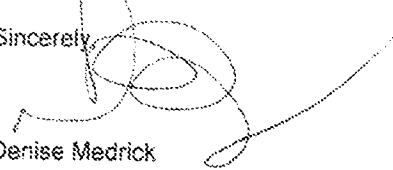
To whom it may concern:

I, Denise Medrick, release any and all ownership and/or rights of Rodney Stockton's trademarks and assign these marks to Stockton Aloe 1, Inc.

Specifically -

Serial # - 76313121 Registration # - 2620967 Word Mark - ALOE #1  
Serial # - 74192583 Registration # - 1704487 Word Mark - ALOE #1  
Serial # - 73299523 Registration # - 1214647 Word Mark - YOUTH-DERM  
Serial # - 73299522 Registration # - 1290667 Word Mark - YOUTH-DERM-RELIEF

Sincerely,



Denise Medrick

--  
Amanda Haley  
Stockton Aloe 1, Inc.  
[www.aloe1.com](http://www.aloe1.com)  
856-691-0201