

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM360369

|                                                                                                                                                                                                 |                                                    |                       |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------|-------------------------------------|
| <b>SUBMISSION TYPE:</b>                                                                                                                                                                         | NEW ASSIGNMENT                                     |                       |                                     |
| <b>NATURE OF CONVEYANCE:</b>                                                                                                                                                                    | ASSIGNMENT OF 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>                  |
| LIFE IS WELL, LLC                                                                                                                                                                               |                                                    | 10/28/2015            | LIMITED LIABILITY COMPANY: DELAWARE |
| <b>RECEIVING PARTY DATA</b>                                                                                                                                                                     |                                                    |                       |                                     |
| <b>Name:</b>                                                                                                                                                                                    | PRO LAB RESEARCH, LLC                              |                       |                                     |
| <b>Street Address:</b>                                                                                                                                                                          | 1561 Twin Star Rd.                                 |                       |                                     |
| <b>City:</b>                                                                                                                                                                                    | Palm Springs                                       |                       |                                     |
| <b>State/Country:</b>                                                                                                                                                                           | CALIFORNIA                                         |                       |                                     |
| <b>Postal Code:</b>                                                                                                                                                                             | 92262                                              |                       |                                     |
| <b>Entity Type:</b>                                                                                                                                                                             | LIMITED LIABILITY COMPANY: DELAWARE                |                       |                                     |
| <b>PROPERTY NUMBERS Total: 10</b>                                                                                                                                                               |                                                    |                       |                                     |
| <b>Property Type</b>                                                                                                                                                                            | <b>Number</b>                                      | <b>Word Mark</b>      |                                     |
| <b>Serial Number:</b>                                                                                                                                                                           | 86335297                                           | VITA-WELL             |                                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 4464273                                            | PRO LAB RESEARCH      |                                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 4516376                                            | COLD-WELL             |                                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 4740870                                            | WOUND-WELL            |                                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 4745144                                            | GERM-WELL             |                                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 4776903                                            | SUNBLOCK-WELL         |                                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 4776910                                            | SUNTAN-WELL           |                                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 4781203                                            | BREATH-WELL           |                                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 4806681                                            | OCU-WELL              |                                     |
| <b>Registration Number:</b>                                                                                                                                                                     | 4811286                                            | LIFE IS WELL          |                                     |
| <b>CORRESPONDENCE DATA</b>                                                                                                                                                                      |                                                    |                       |                                     |
| <b>Fax Number:</b>                                                                                                                                                                              | 7609443325                                         |                       |                                     |
| <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i> |                                                    |                       |                                     |
| <b>Phone:</b>                                                                                                                                                                                   | 7609444130                                         |                       |                                     |
| <b>Email:</b>                                                                                                                                                                                   | VANemeth@usa.net                                   |                       |                                     |
| <b>Correspondent Name:</b>                                                                                                                                                                      | Valerie Ann Nemeth                                 |                       |                                     |
| <b>Address Line 1:</b>                                                                                                                                                                          | 191 Calle Magdalena                                |                       |                                     |
| <b>Address Line 2:</b>                                                                                                                                                                          | Suite 270                                          |                       |                                     |

OP \$265.00 86335297

|                                                                                                                                                                                                                                                     |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>Address Line 4:</b>                                                                                                                                                                                                                              | Encinitas, CALIFORNIA 92024 |
| <b>ATTORNEY DOCKET NUMBER:</b>                                                                                                                                                                                                                      | PROLAB-TM-ASSNMT            |
| <b>NAME OF SUBMITTER:</b>                                                                                                                                                                                                                           | Valerie Ann Nemeth          |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                   | /ss/                        |
| <b>DATE SIGNED:</b>                                                                                                                                                                                                                                 | 10/28/2015                  |
| <b>Total Attachments: 4</b><br>source=ProLab-TrademarkAssignment10-2015#page1.tif<br>source=ProLab-TrademarkAssignment10-2015#page2.tif<br>source=ProLab-TrademarkAssignment10-2015#page3.tif<br>source=ProLab-TrademarkAssignment10-2015#page4.tif |                             |

**ASSIGNMENT OF TRADEMARKS**

This Assignment of Trademarks ("Assignment") is made and entered as of this 28<sup>th</sup> day of OCTOBER, 2015, (the "Effective Date"), by and between Life is Well, LLC, a Delaware Limited Liability Company, ("Assignor") and Pro Lab Research, LLC, a Delaware Limited Liability Company ("Assignee") (collectively referred to as the "Parties").

**Whereas**, Assignor is the owner of the Trademark(s), all of which are currently registered (or applied for) in the United States Patent and Trademark Office, as further described in Exhibit A, attached hereto and incorporated by reference herein (the "Trademarks"); and

**Whereas**, Assignor wishes to assign its rights in the Trademarks to Assignee.

**Now, Therefore**, in consideration of the mutual promises, covenants, warranties, and other good and valuable consideration set forth herein, receipt of which is hereby acknowledges, Assignor hereby assigns, sells and transfers to Assignee all of Assignor's title and interest in and to the Trademarks, including, but not limited to: (i) all registration rights with respect to the Trademarks, (ii) any rights to prepare derivative marks, (iii) any goodwill related to the Trademarks, and (iv) all income, royalties or claims relating to the Trademarks due or payable on or after the date of this Assignment.

**IN WITNESS WHEREOF**, the Parties have caused this Assignment to be executed the day and year first above written.

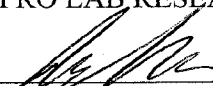
**ASSIGNOR:**  
LIFE IS WELL, LLC.

  
\_\_\_\_\_  
Mercury Marilla

SEE ATTACHED NOTARIZED PAPERWORK

PRESIDENT  
\_\_\_\_\_  
Title:

**ASSIGNEE:**  
PRO LAB RESEARCH, LLC.

  
\_\_\_\_\_  
Mercury Marilla

SEE ATTACHED NOTARIZED PAPERWORK

PRESIDENT  
\_\_\_\_\_  
Title:

**EXHIBIT A**

**DESCRIPTION OF TRADEMARKS**

| <b>MARK</b>         | <b>REGISTRATION NUMBER / SERIALNUMBER</b> |              |
|---------------------|-------------------------------------------|--------------|
| 1. PRO LAB RESEARCH | 1.                                        | 4464273      |
| 2. COLD-WELL        | 2.                                        | 4516376      |
| 3. WOUND-WELL       | 3.                                        | 4740870      |
| 4. GERM-WELL        | 4.                                        | 4745144      |
| 5. SUNBLOCK-WELL    | 5.                                        | 4776903      |
| 6. SUNTAN-WELL      | 6.                                        | 4776910      |
| 7. BREATH-WELL      | 7.                                        | 4781203      |
| 8. OCU-WELL         | 8.                                        | 4806681      |
| 9. LIFE IS WELL     | 9.                                        | 4811286      |
| 10. VITA-WELL       | N/A                                       | 10. 86335297 |

**CALIFORNIA ALL-PURPOSE  
CERTIFICATE OF ACKNOWLEDGMENT  
(CALIFORNIA CIVIL CODE § 1189)**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA \_\_\_\_\_ )  
COUNTY OF Riverside \_\_\_\_\_ )

On October 28, 2015 before me, Janice Bartholow Notary Public  
(Date) (Here Insert Name and Title of the Officer)

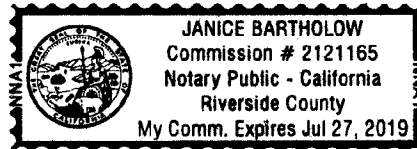
personally appeared Mercury Manilla,  
who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ (is) are  
subscribed to the within instrument and acknowledged to me that (he) she/they executed the same  
in (his) her/their authorized capacity~~(ies)~~, and that by (his) her/their signature~~(s)~~ on the instrument  
the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Janice Bartholow  
Signature of Notary Public

(Notary Seal)



**ADDITIONAL OPTIONAL INFORMATION**

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

Additional Information: \_\_\_\_\_

revision date 01/01/2015

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STATE OF CALIFORNIA )  
COUNTY OF Riverside )

On October 28, 2015 before me, Janice Bartholow Notary Public  
(Date) (Here Insert Name and Title of the Officer)

personally appeared Mercury Marilla  
who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ (is) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity~~(ies)~~, and that by his/her/their signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Janice Bartholow  
Signature of Notary Public



(Notary Seal)

**ADDITIONAL OPTIONAL INFORMATION**

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

Additional Information: \_\_\_\_\_

revision date 01/01/2015