

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM422312

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Native Maine Produce & Specialty Food		01/26/2017	Assumed Name:
RECEIVING PARTY DATA			
Name:	Native Maine Operations, Inc.		
Street Address:	10 Bradley Dr.		
City:	Westbrook		
State/Country:	MAINE		
Postal Code:	04092		
Entity Type:	Corporation: DELAWARE		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Serial Number:	87354403	NATIVE NEW ENGLAND PRODUCE & SPECIALTY F	
Serial Number:	87352539	LOCAL FLAVAH!	
Serial Number:	87352392	NATIVE MAINE PRODUCE & SPECIALTY FOODS	
Serial Number:	87352409	NATIVE MAINE PRODUCE & SPECIALTY FOODS	
Serial Number:	87359323		
CORRESPONDENCE DATA			
Fax Number:	2156562498		
<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>			
Phone:	215-656-3381		
Email:	pto.phil@dlapiper.com		
Correspondent Name:	IP GROUP OF DLA PIPER LLP (US)		
Address Line 1:	ONE LIBERTY PLACE		
Address Line 2:	1650 MARKET ST. SUITE 4900		
Address Line 4:	PHILADELPHIA, PENNSYLVANIA 19103		
NAME OF SUBMITTER:	Darius C. Gambino		
SIGNATURE:	/Darius C. Gambino/		
DATE SIGNED:	04/04/2017		
Total Attachments: 2			

CH \$140.00 87354403

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Filing Fee for an Assumed Name \$125.00
Filing Fee for a Fictitious Name \$40.00

BUSINESS CORPORATION

STATE OF MAINE

STATEMENT OF INTENTION
TO DO BUSINESS UNDER
AN ASSUMED OR FICTITIOUS NAME

Native Maine Operations, Inc.

(Real Name of Corporation)

File No. 20170448 F Pages 2
Fee Paid \$ 125
DCN 2170323600116 ANME
---FILED---
02/01/2017

Jules R. Dupon
Deputy Secretary of State

A True Copy When Attested By Signature

Jules R. Dupon
Deputy Secretary of State

Pursuant to 13-C MRSA §404, the undersigned corporation executes and delivers the following Statement of Intention to do Business Under an Assumed or Fictitious Name:

FIRST: ("X" one box only.)

assumed name (13-C MRSA §404.1) fictitious name (13-C MRSA §404.2)

The corporation intends to transact business under the assumed or fictitious name of
Native Maine Produce & Specialty Foods

Please note: A fictitious name is a name adopted by a foreign corporation authorized to transact business in this State because its real name is unavailable pursuant to 13-C MRSA §401.

Complete the following if applicable:

SECOND: If the assumed name is to be used at fewer than all of the corporation's places of business in this State, the location(s) where it will be used is (are):

THIRD: (Foreign Corporation Only)

Jurisdiction of incorporation Delaware and the date on which
January 9 2017
the corporation was authorized to transact business in Maine _____

DATED

1/26/2017

*By



(signature of any duly authorized person)

Jerry L. Johnson, VP

(type or print name and capacity)

*This document MUST be signed by any duly authorized officer OR the clerk. (13-C MRSA §121.5)

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101

FORM NO. MBCA-5 (2 of 2) Rev. 8/1/2004

TEL. (207) 624-7740

TRADEMARK

RECORDED: 04/04/2017

REEL: 006026 FRAME: 0984