

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM437389

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL
RESUBMIT DOCUMENT ID:	900412768

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Multi-Disciplinary Care Association		04/17/2017	Corporation:

RECEIVING PARTY DATA

Name:	Safe Haven LLC
Street Address:	N9564 County Road G
City:	Colfax
State/Country:	WISCONSIN
Postal Code:	54730
Entity Type:	Limited Liability Company: WISCONSIN

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	4113229	BIOACTIVE PLANT FRACTION

CORRESPONDENCE DATA

Fax Number: 9524614151
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.

Phone: 952-201-2008
Email: dietzptd@integra.net
Correspondent Name: Paul Dietz
Address Line 1: 4975 Wilderness Lake Cir
Address Line 4: Elko, MINNESOTA 55020

NAME OF SUBMITTER:	Paul Dietz
SIGNATURE:	/Paul Dietz/
DATE SIGNED:	08/01/2017

Total Attachments: 2

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ASSIGNMENT OF TRADEMARK

THIS TRADEMARK ASSIGNMENT together with any attachments or Exhibits (the "Agreement") is made as of April 24, 2017 (the "Effective Date"), by Multi-Disciplinary Care Association, a Minnesota corporation having its registered office at 2409 Lyndale Ave. S. #201, Minneapolis, Minnesota, 55405, (hereinafter referred to as "Assignor" or "Owner") and Safe Haven LLC a Wisconsin limited liability company in good standing having its registered office located at N9564 County Road G, Colfax, Wisconsin, 54730 (hereinafter referred to as "Assignee" or "Purchaser").

RECITALS

WHEREAS, Owner states, represents, and admits that it is the owner of the entire right, title, and interest in and to US Trademark Registration 4,113,229 of the mark BIOACTIVE PLANT FRACTION and it has used the registered trademark on or in connection with the sale of the following goods or services: Therapeutic agents for health purposes, namely non-prescribed agents that may be delivered orally, inhaled or applied to the skin.

WHEREAS, Assignor affirmatively states, represents and admits that it has full right to convey the entire right, title and interest herein assigned, and that he has not executed and will not execute any agreements in conflict herewith; and

WHEREAS, Assignee is desirous of acquiring the entire right, title and interest in and to the inventions, applications for patent, and to any Letters Patent that may be granted thereon in the United States and in any and all foreign countries.

NOW, THEREFORE, in consideration of One Dollar and other good and valuable consideration, the receipt of which is hereby acknowledged, Assignor, by these presents, has sold, have sold, assigned and transferred, and does hereby sell, assign and transfer unto Assignee the full and exclusive right, title and interest, together with the goodwill symbolized by the Mark, both legal and equitable, for all countries including the United States, its Territories, and Possessions, the same to be held and enjoyed by Assignee for its own sole use and behoof, and for the use and behoof of its successors, assigns, or other legal representatives, to the full extent as fully and entirely as the

same would have been held by Assignor had this assignment and sale not been made; together with all claims for damages, with the right to sue for, and collect the same.

FURTHER, Assignor hereby represents, warrants and covenants that no assignment, license, transfer, conveyance or agreement for any of the foregoing have been made affecting, including or involving any rights or ownership interest in the same; and

FURTHER, Assignor agrees to provide any further information within its knowledge, and to execute any further documents necessary to the renewal of such registration and recording of title to the trademark registration thereon.

IN WITNESS WHEREOF, Dr. Adiel Tel-Oren on behalf of Assignor, has executed this Assignment this ____ day of April, 2017.



Typed Name: Dr. Adiel Tel-Oren

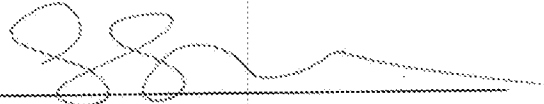
Dated: 5-17-17

STATE OF Minnesota

SS:

COUNTY OF Hennepin

On this 5 day of April, 2017, before me, a Notary Public for and within the County aforesaid, personally appeared Dr. Adiel Tel-Oren, to me known to be the person described in the foregoing Assignment, and acknowledged to me that he executed the same as his free act and deed.



Notary Public

(Seal)

