

900440766 02/27/2018

**TRADEMARK ASSIGNMENT COVER SHEET**

Electronic Version v1.1  
 Stylesheet Version v1.2

ETAS ID: TM463534

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Herb Pharm, LLC		03/20/2015	Limited Liability Company: DELAWARE

**RECEIVING PARTY DATA**

<b>Name:</b>	Herb Pharm Holdings, LLC
<b>Doing Business As:</b>	Herb Pharm
<b>Street Address:</b>	20260 Williams Hwy.
<b>City:</b>	Williams
<b>State/Country:</b>	OREGON
<b>Postal Code:</b>	97544
<b>Entity Type:</b>	Limited Liability Company DELAWARE

**PROPERTY NUMBERS Total: 13**

Property Type	Number	Word Mark
Registration Number:	2462384	PHARMA KAVA
Registration Number:	2344094	WHERE QUALITY GROWS
Registration Number:	2142522	HERB PHARM
Registration Number:	2142521	SUPER ECHINACEA
Registration Number:	2612435	HERB PHARM
Registration Number:	5329923	HERB PHARM
Registration Number:	5329922	HERB PHARM
Registration Number:	4713460	HERB PHARM
Registration Number:	5251468	TREAT YOURSELF TO BETTER HEALTH
Registration Number:	5251469	TREAT YOURSELF TO BETTER HEALTH
Registration Number:	5329936	HERB PHARM TREAT YOURSELF TO BETTER HEAL
Registration Number:	5329937	HERB PHARM TREAT YOURSELF TO BETTER HEAL
Registration Number:	4612851	HERB PHARM TREAT YOURSELF TO BETTER HEAL

OP \$340.00 2462384

**CORRESPONDENCE DATA**

Fax Number: 5032247819

*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:** 5032247112  
**Email:** billd@eoplaw.com  
**Correspondent Name:** Elliott, Ostrander & Preston, P.C.  
**Address Line 1:** 707 SW Washington Street  
**Address Line 2:** Suite 1500  
**Address Line 4:** Portland, OREGON 97205

<b>NAME OF SUBMITTER:</b>	William A. Drew
<b>SIGNATURE:</b>	/s/ William A. Drew
<b>DATE SIGNED:</b>	02/27/2018

**Total Attachments: 1**  
source=SOS - Corporation - Business Entity Filing Records - 77788298.PDF#page1.tif



Amendment/Withdrawal - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

Check the appropriate box below:

- AMENDMENT TO APPLICATION FOR AUTHORITY (Complete only 1, 2, 3, 9)
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS (Complete only 1, 4, 5, 6, 7, 8, 9)

FILED

MAR 20 2015

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 777882-98

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

HERB PHARM, LLC

AMENDMENT TO APPLICATION FOR AUTHORITY ONLY

2) INITIAL REGISTRATION DATE OF APPLICATION:

06/07/2011

3) AMENDMENT: (The amendment to the application for registration of foreign Limited Liability Company is as follows.)

The name of the limited liability company is: Herb Pharm Holdings, LLC

WITHDRAWAL OF AUTHORITY ONLY

4) STATE OR COUNTRY OF ORGANIZATION:

5) SURRENDER OF AUTHORITY:

This foreign limited liability company is not transacting business in Oregon, and surrenders its authority to transact business in Oregon.

6) REVOCATION OF AGENT'S AUTHORITY:

This foreign limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in Oregon.

7) MAILING ADDRESS: (Address to which the person initiating any proceeding may mail to this corporation a copy of any process served on the Secretary of State.)

8) NOTIFICATION:

The foreign Limited Liability Company will notify the Corporation Division, Business Registry of any change in this mailing address for a period of five years from the date of this withdrawal.

9) EXECUTION: (At least one member or manager must sign.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Marc Allen

Printed Name:

Marc Allen

Title:

Manager

HERB PHARM HOLDINGS, LLC



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Fees section containing Required Processing Fee \$275, Processing Fees are nonrefundable, and Free copies are available at FilingInOregon.com.