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Additional name(s) of conveying party(ies) attached? \(\text{ Yes } \) No 3. Nature of conveyance: \(\text{ Assignment } \) Merger \(\text{ Security Agreement } \) Change of Name \(\text{ Other } \) Other \(\text{ Execution Date } \) \(\text{ No } \) Corporation-State \(\text{ Version of Name } \) (Pessentially designation is attached \(\text{ Version of Name } \) (Pessentially designation is attached \(\text{ Version of Name } \) (Pessentially designation is attached \(\text{ Version of No.} \) (Segmation must be a separate document from assignment) additional name(s) & address(es) attached \(\text{ Version of No.} \) (Segmation must be a separate document from assignment) additional name(s) & address(es) attached \(\text{ Version of No.} \) (Segmation must be a separate document from assignment) additional name(s) & address(es) attached \(\text{ Version of No.} \) (Segmation must be a separate document from assignment) additional name(s) & address(es) attached \(\text{ Version of No.} \) (Segmation must be a separate document from assignment) address of party to whom correspondence concerning document should be mailed: Take of No. (s)	Corporation-State	City: West Hower State: CT Zip: 06511
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3. Nature of conveyance: Assignment Security Agreement Change of Name Other Execution Date: Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) Additional number(s) attached Yes No 6. Total number of applications and registrations involved: Internal Address: Street Address: Street Address: One of Person Signing Total number of pages including cover sheet aliasubments. and occurrent Authorized to be registrated copy of this page if paying by deposit account Internal Address: Name of Person Signing Total number of pages including cover sheet aliasubments. and occurrent Signature Date Maid depuments to be recorded with required cover sheet information to: Limited Partnership Corporation-State C. T. Assignment In a satigned in the United States, a domestic registration is introduction in the United States, a domestic Total number of applications and registration No.(s) B. Trademark Registration No.(s) 6. Total number of applications and registrations involved: Total number of applications and registrations involved: Authorized to be charged to deposit account Authorized to be charged to deposit	Additional name(s) of conveying party(ies) attached? 🛺 Yes 🌠 No	1
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Security Agreement Other Execution Date: Application number(s) or registration number(s): A. Trademark Application No.(s) S. Name and address of party to whom correspondence concerning document should be mailed: Name: Charles Madditional number(s) attached Total number of pages including cover sheet, allatements. and document: Other It assignation is attached: Yes No. (Designations must be a separate document from assignation passion must be a separate document from assignation for features and address of particular from assignation fro		1
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A. Trademark Application No.(s) Additional number(s) attached Yes No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Charles Hesself Food And Enclosed Internal Address: Prock Accession Authorized to be charged to deposit account Street Address: Street Address: Tip: Cost Account Authorized to be charged to deposit account B. Deposit account number: Attach duplicate copy of this page if paying by deposit account for the best of my knowledge and belief, the foregoing information is true and operect and any attached copy is a true copy of the original document. Name of Person Signing Total number of pages including cover sheet, attachments, and occurrent: Mail decuments to be recorded with required cover sheet information to:	4 Application number(s) or registration number(s):	
Additional number(s) attached Yes No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Charles H. Foster Internal Address: Brook Nace Tace Internal Address: Brook Nace Tace 7. Total fee (37 CFR 3.41)		B. Trademark Registration No.(s)
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Street Address: 300 Chilegas Drive 8. Deposit account number: City West HovenState: Zip: 06516 (Attach duplicate copy of this page if paying by deposit account DO NOT USE THIS SPACE) 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Name of Person Signing Total number of pages including cover sheet, attachments, and document: Mail documents to be recorded with required cover sheet information to:		Enclosed
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