

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	SECURITY INTEREST

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Supralife International, Inc.	Soaring Eagle Ventures, Inc.	09/08/2003	CORPORATION:

**RECEIVING PARTY DATA**

Name:	Mr. Joel D. Wallach
Street Address:	2400 Boswell Road
City:	Chula Vista
State/Country:	CALIFORNIA
Postal Code:	91914
Entity Type:	INDIVIDUAL: UNITED STATES

Name:	Mr. Alfred D. Stewart
Street Address:	P.O. Box 5918
City:	Phoenix
State/Country:	ARIZONA
Postal Code:	85261
Entity Type:	INDIVIDUAL: UNITED STATES

Name:	Ms. Melissa L. Neuwirth
Street Address:	11437 Oculto Road
City:	San Diego
State/Country:	CALIFORNIA
Postal Code:	92131
Entity Type:	INDIVIDUAL: UNITED STATES

**PROPERTY NUMBERS Total: 16**

Property Type	Number	Word Mark
Registration Number:	2111266	LONGEVITY RICH
Registration Number:	2469021	MULTI EFA
Registration Number:	2523945	SPORTS TODDY

OP \$415.00 2111266

Registration Number:	2345156	CELL SHIELD
Registration Number:	2605090	BIOCLEANSE PLUS
Registration Number:	2498641	KID'S TODDY
Registration Number:	2416083	SLIM-SLIM
Registration Number:	2072265	LIFETRANS
Registration Number:	2042301	SUPER NUTRIENT
Registration Number:	2148354	SUPER DAILY
Registration Number:	2177443	BIO CALCIUM
Registration Number:	2148102	RAIN FOREST TODDY
Registration Number:	2118328	MINERAL MUNCH
Registration Number:	1976160	SOARING EAGLE
Registration Number:	2063759	ULTRA BODY TODDY
Registration Number:	2148003	DISIAC TODDY

**CORRESPONDENCE DATA**

Fax Number: (619)479-0337  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
Phone: (619) 479-4351  
Email: steveh@haskinslaw.com  
Correspondent Name: Steven W. Haskins, Esq.  
Address Line 1: 4045 Bonita Road, Suite 206  
Address Line 4: Bonita, CALIFORNIA 91902

**NAME OF SUBMITTER:**

Joel D. Wallach

**Total Attachments: 4**

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**CALIFORNIA UCC ADDENDUM**

FOR UCC-9 INSTRUMENTS DATED 1/1/97

Use this form to continue adding additional debtors and/or secured parties (Make copies of this form if you need more space to continue adding names.)

NAME OF FIRST DEBTOR ON RELATED FINANCING STATEMENT OR FILE NUMBER ON RELATED AMENDMENT

ORGANIZATION NAME: Suprafile International

0331862553

1. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one (1a or 1b) - do not abbreviate or combine names

1a. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1b. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
1c. TYPE OF ORGANIZATION	2a. TYPE OF ORGANIZATION	2b. JURISDICTION OF ORGANIZATION	2c. ORGANIZATIONAL IDENTITY NUMBER

3. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one (2a or 2b) - do not abbreviate or combine names

1a. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1b. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
1c. TYPE OF ORGANIZATION	2a. TYPE OF ORGANIZATION	2b. JURISDICTION OF ORGANIZATION	2c. ORGANIZATIONAL IDENTITY NUMBER

4. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one (3a or 3b) - do not abbreviate or combine names

1a. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1b. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
1c. TYPE OF ORGANIZATION	2a. TYPE OF ORGANIZATION	2b. JURISDICTION OF ORGANIZATION	2c. ORGANIZATIONAL IDENTITY NUMBER

5. ADDITIONAL SECURED PARTY (or TOTAL ASSIGNEE) - insert only one (4a or 4b)

1a. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Sewart	Alfred	David	Mr.
1b. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
P.O. Box 5518	Scottsdale	AZ	85261 US

6. ADDITIONAL SECURED PARTY (or TOTAL ASSIGNEE) - insert only one (5a or 5b)

1a. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Walach	Joel		Dr.
1b. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
2400 Boswell	Chula Vista	CA	91914 US

UCC-9 (REVISED) 1/1/97

UCC FINANCING STATEMENT

FO-L0W INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)  
 Janet L. Ballard

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

SupraLife International  
 10031 Old Grove Road  
 San Diego, CA 92131

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only legal debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME: SupraLife International

OR

1c. INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

1d. MAILING ADDRESS: CITY: STATE: POSTAL CODE: COUNTRY:

10031 Old Grove Road San Diego CA 92131 US

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only legal debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME:

OR

2c. INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

2d. MAILING ADDRESS: CITY: STATE: POSTAL CODE: COUNTRY:

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SP) - Insert only legal secured party name (3a or 3b)

3a. ORGANIZATION'S NAME:

OR

3c. INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

3d. MAILING ADDRESS: CITY: STATE: POSTAL CODE: COUNTRY:

2400 Boswell Chula Vista CA 91914 US

4. This FINANCING STATEMENT covers the following collateral:

All rights, titles and interest in SupraLife product formulas, trademarks, trade names, logos, web addresses, customer lists, vendor lists, copyrights promotional and marketing materials, scientific research and any other intellectual properties.

5. ALTERNATIVE DESIGNATION (if applicable): LESSOR/LESSOR | CO-SIGNER/CO-SIGNOR | BAILEE/BAILORE | SELLER/BUYER | AGENT | NON-ACCOMPLISHING

6. (The FINANCING STATEMENT is to be filed for record) (If not checked, the filing is for a search report only.) (If checked, the filing is for a search report and a certificate of filing.)

7. (The FINANCING STATEMENT is to be filed for record) (If not checked, the filing is for a search report only.) (If checked, the filing is for a search report and a certificate of filing.)

8. OPTIONAL FILER REFERENCE DATA:

**CALIFORNIA UCC ADDENDUM**  
FOLLOW INSTRUCTIONS CAREFULLY

Use this form to continue adding additional debtors and/or secured parties (Make copies of this form if you need more space to continue adding names)

**NAME OF FIRST DEBTOR ON RELATED FINANCING STATEMENT OR FILE NUMBER ON RELATED AMENDMENT**

A ORGANIZATION'S NAME SupraLife International		
1. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
B SSN FILE NUMBER		

**1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one (1a or 1b) - do not abbreviate or combine names**

1a ORGANIZATION'S NAME				
1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
1c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1d TAX ID# SSN OR EIN	ADDL INFO RE ORGANIZATION DEBTOR	1e TYPE OF ORGANIZATION	1f JURISDICTION OF ORGANIZATION	1g ORGANIZATIONAL ID# IF ANY NONE <input type="checkbox"/>

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one (2a or 2b) - do not abbreviate or combine names**

2a ORGANIZATION'S NAME				
2b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2d TAX ID# SSN OR EIN	ADDL INFO RE ORGANIZATION DEBTOR	2e TYPE OF ORGANIZATION	2f JURISDICTION OF ORGANIZATION	2g ORGANIZATIONAL ID# IF ANY NONE <input type="checkbox"/>

**3. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one (3a or 3b) - do not abbreviate or combine names**

3a ORGANIZATION'S NAME				
3b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3d TAX ID# SSN OR EIN	ADDL INFO RE ORGANIZATION DEBTOR	3e TYPE OF ORGANIZATION	3f JURISDICTION OF ORGANIZATION	3g ORGANIZATIONAL ID# IF ANY NONE <input type="checkbox"/>

**4. ADDITIONAL SECURED PARTY (or TOTAL ASSIGNEE) - Insert only one (4a or 4b)**

4a ORGANIZATION'S NAME				
4b INDIVIDUAL'S LAST NAME Stewart	FIRST NAME Alfred	MIDDLE NAME David	SUFFIX Mr.	
4c MAILING ADDRESS P.O. Box 5918	CITY Scottsdale	STATE AZ	POSTAL CODE 85261	COUNTRY US

**5. ADDITIONAL SECURED PARTY (or TOTAL ASSIGNEE) - Insert only one (5a or 5b)**

5a ORGANIZATION'S NAME				
5b INDIVIDUAL'S LAST NAME Wallach	FIRST NAME Joel	MIDDLE NAME	SUFFIX Dr.	
5c MAILING ADDRESS 2400 Boswell	CITY Chula Vista	STATE CA	POSTAL CODE 91914	COUNTRY US

CALIFORNIA UCC ADDENDUM (Rev. 8/01)