(Rev. 03/01)

RECOR

03-19-2004



WEMMH-1594 (4/03)

U.S. DEPARTMENT OF COMMERCE US.S Patent and Trademark Office

102699257

OMB No. 0651-0027 (exp. 5/31/2002) TI 102	699257 US.S Patent and Trademark Office
Tab settings $ ightarrow ightar$	* * * *
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.	
Name of conveying party(ies):	Name and address of receiving party(ies)
Flavor Burst Co.	Name: Flavor Burst Co., L.L.P.
, lates 2 4000	Internal
☐ Individual(s) ☐ Association	Address:
☐ General Partnership ☐ Limited Partnership	Street Address: 499 Commerce Drive
☐ Corporation-State	City: Danville State: Indiana Zip: 46122
☑ Other Joint Venture	☐Individual(s) citizenship
E CANON DESIRE VOLICUIO	Association
Additional name(s) of conveying party(ies) attached? ☐Yes ☒ No	General Partnership
3. Nature of conveyance:	Limited Partnership
☐ Assignment ☐ Merger	Corporation-State
☐ Security Agreement ☐ Change of Name	☑ Other_Limited Liability Partnership
Other	If assignee is not domiciled in the United States, a domestic representative designation is attached: ☐ Yes ☐ No
Execution Date:	(Designations must be a separate document from assignment)
	Additional name(s) & address(es) attached? ☐ Yes ☑ No
4. Application number(s) or registration number(s):	1
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
	2,571,291
Additional number(s) attached ☐ Yes ☒ No	
5. Name and address of party to whom correspondence	6. Total number of applications and
concerning document should be mailed:	registrations involved:
Name: Carl J. Brauch	
Internal Address: Woodard, Emhardt, Moriarty, McNett	7. Total fee (37 CFR 3.41)\$ 40.00
internal Address. WYOOdard, Emiland, Wonarty, Wichell	☐ Enclosed
& Henry LLP	☐ Authorized to be charged to deposit account
Street Address: Bank One Center/Tower, 111 Monument	8. Deposit account number:
	23-3030
Circle, Suite 3700	(Attach duplicate copy of this page if paying by deposit account)
City: Indianapolis State: Indiana Zip: 46204	
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.	
Daniel J. Lueders Name of Person Signing	March 9, 2004 Signature Date
Total number of pages including cover sheet, attachments, and document:	
Mail documents to be recorded with	

Director of the U.S. Patent and Trademark Office, Mail Stop Assignment Recordation Services

03/18/2004 NGETACHE 00000016 2571291

40.00 DP

Washington, D.C. 20231 VIA FACSIMILE (703) 306-5995



03-12-2004

REEL: 002930 FRAME: 0824

State of Indiana Office of the Secretary of State

CERTIFICATE OF ASSUMED BUSINESS NAME

of

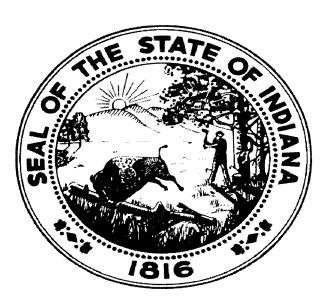
FLAVOR BURST CO., L.L.P.

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Certificate of Assumed Business Name of the above Domestic Limited Liability Partnership (LLP) have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Uniform Partnership Act.

Following said transaction the entity named above will be doing business under the assumed business name(s) of:

FLAVOR BURST CO. FLAVOR BURST

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, May 21, 2002.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 21, 2002.

Sue ann Gilley

SUE ANNE GILROY, SECRETARY OF STATE

2002051600109/2002052459763

TRADEMARK REEL: 002930 FRAME: 0825



CERTIFICATE OF ASSUMED BUSINESS NAME (All Corporations)

State Form 30353 (R8 / 9-97)

State Board of Accounts Appared 1995

SUE ANNE GILROY SECRETARY OF STATE CORPORATIONS DIVISION 302 W. Washington St., Rm. E018 Indianapolis, IN 46204 Telephone: (317) 232-6576

INSTRUCTIONS:

- This certificate must also be recorded in the office of County Recorder of each county in which a place of business or office is located.
- 2. FEES ARE PER ASSUMED NAME. Please make check or money order payable to: Indiana Secretary of State.

Please TYPE or PRINT.

Indiana Code 23-15-1-1, et sea.

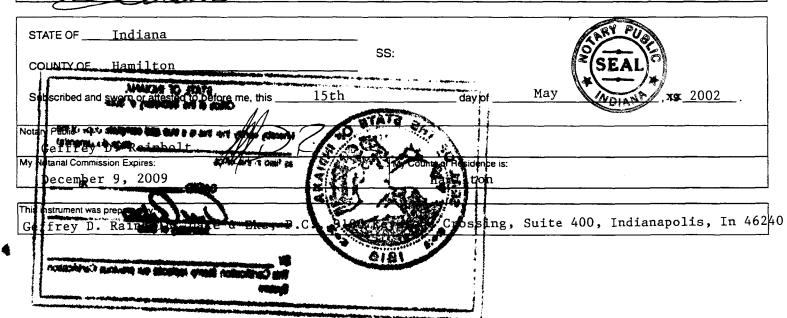
FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership \$30.00

Not-For-Profit Corporation

\$26.00

Certificate - Additional \$15.00 1. Name of Corporation, LLC or LP 2. Date of incorporation / admission Flavor Burst Co., L.L.P. May 15, 2002 3. Address at which the Corporation, LLC, LP will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 499 Commerce Drive City, state and ZIP code Danville, Indiana 46122 4. Assumed business name(s) (\$30.00 per name) Flavor Burst Co. Flavor Burst 5. Principal office address of the Corporation, LLC, LP (street address) 499 Commerce Drive City, state and ZIP code Danville, Indiana 46122 7. Printed name Ernest C. Gerber STATE OF ____Indiana



TRADEMARK REEL: 002930 FRAME: 0826

RECORDED: 03/12/2004