

Form PTO-1594 (Rev. 06/04)
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U.S. DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):
VIACOST HOLDINGS, INC.

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other _____

Citizenship (see guidelines): DELAWARE
 Execution Date(s) 8-5-2004

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies) Yes No
 Additional names, addresses, or citizenship attached? Yes No

Name: VITACOST HOLDINGS, INC.
 Internal Address: _____
 Street Address: 68 EAST MAIN ST
 City: SOMERVILLE
 State: N.J.
 Country: U.S.A Zip: 08876

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship DELAWARE
 Other _____ Citizenship _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
 (Designations must be a separate document from assignment)

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other CHANGE OF ADDRESS

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) _____
 B. Trademark Registration No.(s) 2612304, 2335966, 2332894, 2368069

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: ASHRAF WASHED M.D.
 Internal Address: _____
 Street Address: 68 EAST MAIN ST
 City: SOMERVILLE
 State: N.J. Zip: 08876
 Phone Number: 908-203-5200 x14
 Fax Number: 908-203-5207
 Email Address: ASH@CHOICE MEDIA.COM

6. Total number of applications and registrations involved: 4


7. Total fee (37 CFR 2.8(b)(6) & 3.41) \$ 115.00

Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers 1000
 Expiration Date 01/2007

b. Deposit Account Number _____
 Authorized User Name _____

9. Signature:  9/28/04

Signature Date

ASHRAF WASHED M.D.

Name of Person Signing

Total number of pages including cover sheet, attachments, and document:

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

Assignment Document Not Needed for Change of Address