

T02791US0/BT

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies):</p> <p>Name: J.F. LABS, INC. 15100 VINCENNES ROAD HARVEY, ILLINOIS 60426</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> CORPORATION-ILLINOIS: <input type="checkbox"/> Other:</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment Merger <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> Other:</p> <p>Execution Date: JUNE 1, 2001</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: J.F. LABS, INC. 7401 SOUTH PULASKI ROAD UNIT E CHICAGO, ILLINOIS 60629</p> <p><input type="checkbox"/> Individual(s) citizenship: <input type="checkbox"/> Association: <input type="checkbox"/> General Partnership: <input type="checkbox"/> Limited Partnership: <input checked="" type="checkbox"/> CORPORATION-ILLINOIS <input type="checkbox"/> Other:</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s):</p>	<p>B. Trademark Registration No.(s): 2,242,080</p>
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Additional number(s) attached Yes No

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: BREWSTER TAYLOR STITES & HARBISON, PLLC 1199 NORTH FAIRFAX STREET SUITE 900 ALEXANDRIA, VIRGINIA 22314</p>	<p>6. Total number of applications and registrations involved: -1-</p> <p>7. Total fee (37 CFR 3.41) \$40.00</p> <p><input checked="" type="checkbox"/> Enclosed - Credit Card Form; <input checked="" type="checkbox"/> Authorized to be charged to L&T US PTO FEES Credit Card</p> <p>8. Customer No.: 000881</p>
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<p>9. Signature.</p> <p>Brewster Taylor</p> <p>Name of Person Signing</p>	 Signature	<p>February 9, 2005</p> <p>Date Signed</p>
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Total number of pages including cover sheet, attachments, and document: -3-

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PTO FACSIMILE COVER

Date Submitted: February 9, 2005

Registrant: J.F. LABS, INC.Registration No.: 2,242,080Trademark: BIO GROSender (Docket): T02791US0/BTClient Matter No.: 1080LT-11291Paper(s) Submitted: **CHANGE OF ADDRESS RECORDATION FORM
COVER SHEET (TRADEMARKS) - NO
DOCUMENTS REQUIRED;** **CREDIT CARD PAYMENT FORM = \$40.00.**PTO FACSIMILE NUMBER: 1-703-306-5995

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