

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	CORRECTIVE ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	Corrective Assignment to correct the Citizenship of Assignor and Assignee. They are both citizens and their jurisdiction is in California. previously recorded on Reel 002555 Frame 984. Assignor(s) hereby confirms the Assigns the entire interest and the goodwill.

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
El Aguila Food Products, Inc.		05/01/2002	CORPORATION: CALIFORNIA

**RECEIVING PARTY DATA**

<b>Name:</b>	Chisum Trail, LLC
<b>Street Address:</b>	42 W. Market Street
<b>City:</b>	Salinas
<b>State/Country:</b>	CALIFORNIA
<b>Postal Code:</b>	93902
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: CALIFORNIA

**PROPERTY NUMBERS Total: 2**

Property Type	Number	Word Mark
Serial Number:	74649005	DEL VALLE
Registration Number:	1983745	DEL VALLE

**CORRESPONDENCE DATA**

Fax Number: (831)754-2011  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Phone: 831-754-2444  
 Email: patrick@lomgil.com  
 Correspondent Name: Patrick S.M. Casey, Esq.  
 Address Line 1: 318 Cayuga Street  
 Address Line 4: Salinas, CALIFORNIA 93901

<b>NAME OF SUBMITTER:</b>	/Patrick Casey/
<b>Signature:</b>	/Patrick Casey/

OP \$65.00 74649005

Date:

10/13/2005

**Total Attachments: 5**

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Form PTO-1594  
(Rev. 03/01)  
OMB No. 0651-0027 (exp. 5/31/2002)  
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RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

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

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): 5-13-02  
El Aguila Food Products, Inc.

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

Additional name(s) of conveying party(ies) attached?  Yes  No

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

Execution Date: May 1, 2002

2. Name and address of receiving party(ies)

Name: Chisum Trail, LLC

Internal Address: \_\_\_\_\_

Street Address: 42 W. Market Street

City: Salinas State: Ca Zip: 93902

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State

Other Limited Liability Company

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)  
Additional name(s) & address(es) attached?  Yes  No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1,983,745

Additional number(s) attached  Yes  No

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

Name: Pamela Chisum Mills

Internal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: 42 W. Market Street

City: Salinas State: CA Zip: 93902

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number: \_\_\_\_\_

(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.

Pamela Chisum Mills

Name of Person Signing

Pamela C Mills May 1, 02  
Signature Date

Total number of pages including cover sheet, attachments, and document: 3

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patent & Trademarks, Box Assignments  
Washington, D.C. 20231

TRADEMARK

REEL: 003174 FRAME: 0959

05/20/2002 01FC:481

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FINANCE SECTION



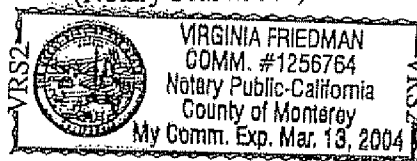
STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF Monterey )

On May 1, 2002, before me, the undersigned, notary public, personally appeared Pamela C. Mills personally known to me --OR-- proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
Notary Public

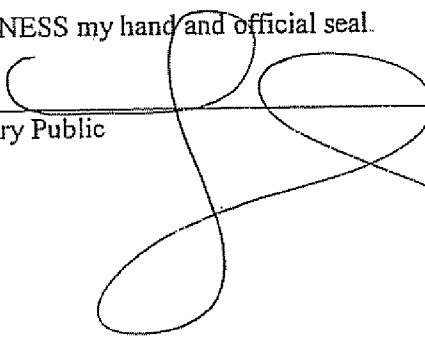
(Notary Seal above)



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WITNESS my hand and official seal.

  
\_\_\_\_\_  
Notary Public

(Notary Seal above)

