

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Citizenship of Assignor & Assignee. Both have citizenship in State of CA. Mark is named as follows: New Lady Design. previously recorded on Reel 002508 Frame 596. Assignor(s) hereby confirms 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

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

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Serial Number:	74343356	
Registration Number:	1792813	

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: karna@lomgil.com
 Correspondent Name: Patrick S.M. Casey, Esq.
 Address Line 1: 318 Cayuga Street
 Address Line 2: Lombardo & Gilles, PC
 Address Line 4: Salinas, CALIFORNIA 93901

NAME OF SUBMITTER:	/Patrick Casey/
Signature:	/Patrick Casey/

OP \$65.00 74343356

Date:

10/13/2005

Total Attachments: 5

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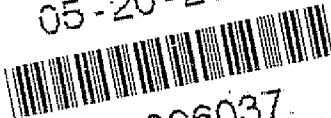
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05-20-2002



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Form PTO-1594
(Rev. 03/01)
OMB No. 0651-0027 (exp. 5/31/2002)

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.

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: _____

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)

1,792,813

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: _____

TON11 00000011 1792813

40.00 DP

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

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

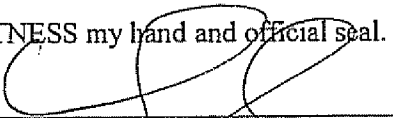
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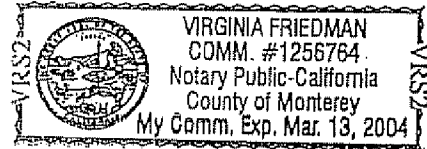
STATE OF CALIFORNIA)
) ss.
COUNTY OF Monterey)

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.


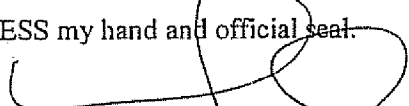
Notary Public

(Notary Seal above)



STATE OF CALIFORNIA)
) ss.
COUNTY OF Monterey)

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WITNESS my hand and official seal.


Notary Public

(Notary Seal above)

