TRADEMAF

FOFM PTO-1594 (Modified) (Rev. 07/05) OMB No. 0651-0027 (exp. 6/30/2008) TM05/REV04



Docket No.:

OX1-101

	220504
To the Director of the U. S. Patent and Trademark Office: Please red	al documents or the new address(es) below.
Name of conveying party(ies):	2. Name and address of receiving party(ies):
OXYFRESH U.S.A., INC.	Additional names, addresses, or citizenship attached?
	Name: OXYFRESH WORLDWIDE, INC.
	Internal
□ Association	Address: Street Address: 1875 N. LAKEWOOD DRIVE, 3RD FLOOR
☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited Partnership	City: COEUR D'ALENE
General Partnership Limited Partnership State: WASHINGTON	State: IDAHO
✓ Corporation-State: WASHINGTON ☐ Other	Country: USA ZIP: 83814
Citizenship (see guidelines)	☐ Association Citizenship
Additional names(s) of conveying party(ies)	☐ General Partnership Citizenship
3. Nature of conveyance/Execution Date(s):	☐ Limited Partnership Citizenship
Execution Date: NOVEMBER 20, 1995	☑ Corporation Citizenship
	☐ Other
☐ Assignment☐ Merger☐ Security Agreement☒ Change of Name	If assignee is not domiciled in the United States, a domestic representative
☐ Other	designation is attached:
4. Application number(s) or registration numbers(s) and identification	(Designations must be a separate document from ation or description of the Trademark/Service Mark:
A. Trademark / Service Mark Application No.(s)	B. Trademark / Service Mark Registration No.(s)
	1,997,761
er den man en	1.552.406
	2,019,442 APR 1 7 2006
Additional sheet(s) a	
C. Identification or Description of Trademark(s)/Service Mark(s) (and Filing	g Date if Application or Registration Number is unknown):
5. Name & address of party to whom correspondence	6. Total number of applications and
concerning document should be mailed:	registrations involved:
Name: George G. Grigel	
Internal Address: Wells St. John P.S.	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 90.00
Charles Address (01 W First Asserts Cuite 1200	Authorized to be charged by credit cardAuthorized to be charged to deposit account
Street Address: 601 W. First Avenue, Suite 1300	✓ Authorized to be charged to deposit account ✓ Enclosed
City: Spokane	8. Payment Information:
State: WA Zip: 99201	a. Credit Card Last 4 Numbers
Phone Number: (509) 624-4276	Expiration Date
Fax Number: (509) 838-3424	b. Deposit Account Number
Email Address: ggrigel@wellsstjohn.com	Authorized User Name
9. Signature:	11 Apr 2006
Signature	Date
George G. Grigel	Total number of pages including cover 3
Name of Person Signing	sheet, attachments, and document:

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450



STATE of WASHINGTON SECRETARY of STATE

I, Ralph Munro, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF AMENDMENT

to

OXYFRESH U.S A., INC.

a Washington

Profit

corporation. Articles of Amendment were

filed for record in this office on the date indicated below.

Changing name to OXYFRESH WORLDWIDE, INC

U.B.I. Number:

600 527 272

Date:

November 20, 1995

Given under my hand and the seal of the State of Washington, at Olympia, the State Capital

Ralph Munro, Secretary of State

2-334601-8

ssf 58 (5/91)

TRADEMARK
REEL: 003334 FRAME: 0018



STATE of WASHINGTON SECRETARY of STATE

I, Ralph Munro, Secretary of State of the State of Washington and custodian of its seal, do hereby certify that the attached is a true and correct copy of

CERTIFICATE OF AMENDMENT

of

OXYFRESH U.S.A., INC. changing name to OXYFRESH WORLDWIDE, INC

as filed in this office on November 20, 1995.

Date: January 31, 1996

Given under my hand and the seal of the State of Washington, at Olympia, the State Capitol.

Ralph Munro, Secretary of State

K. Ryan

ssf 6C (R9/91)

TRADEMARK
REEL: 003334 FRAME: 0019

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

REGISTRATION NO	
REGISTRATION DATE	
APPLICANT	
ATTORNEY'S DOCKET NO	
MARK OXYERESH	

TRANSMITTAL LETTER AND CERTIFICATE OF MAILING

To: M/S Assignment Recordation Services

Commissioner for Trademarks

P.O. Box 1451

Alexandria, VA 22313-1451

From: Wells St. John P.S.

Fax:

601 W. First Avenue, Suite 1300

Spokane, WA 99201-3828

Telephone: (509) 624-4276

(509) 838-3424

Enclosed are:

- 1. PTO Return Postcard Receipt
- 2. Check in the amount of \$90.00 for Recordation Fees of 3 Trademarks
- 3. Transmittal Letter including Certificate of Mailing
- 4. Change of Name Documents with Recordation Cover Sheet

Deposit Account Authorization - The Commissioner is hereby authorized to charge payment of any applicable fees to Deposit Account No. 23-0925.

Date: 1

By:

ъy.

Attorne C. Grigel

Reg. No. 31,166

04-17-2006

U.S. Patent & TMOfc/TM Mail Rcpt Dt. #10

CERTIFICATE OF MAILING

I hereby certify the items listed above as enclosed are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to M/S Assignment Recordation Services, Commissioner for Trademarks, P.O. Box 1451, Alexandria, VA 22313-1451, on the below-indicated date.

Dated:

orul // 2006 Signature:

Terri Kotzk

\TR1.doc

1

TRADEMARK REEL: 003334 FRAME: 0020

RECORDED: 04/11/2006