Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	08/22/2006

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Samba, Inc.		08/22/2006	CORPORATION: COLORADO

RECEIVING PARTY DATA

Name:	Sambazon, Inc.
Street Address:	927 Calle Negocio
Internal Address:	#J
City:	San Clemente
State/Country:	CALIFORNIA
Postal Code:	92673
Entity Type:	CORPORATION: DELAWARE

PROPERTY NUMBERS Total: 19

Property Type	Number	Word Mark
Serial Number:	78112881	ACAI ENERGY
Serial Number:	78725665	ACAI POWERCAPS
Serial Number:	78063533	AMAZON CHERRY
Serial Number:	78768774	AMAZON ENERGY
Serial Number:	78054165	AMAZON POWER
Serial Number:	78588706	AMAZON SUPERFOOD
Serial Number:	78768775	JUNGLE LOVE
Serial Number:	78888360	MANGO UPRISING
Serial Number:	78725673	POWERSCOOP
Serial Number:	78855831	PROTEIN WARRIOR
Serial Number:	78438906	RIO DIET
Serial Number:	78045927	SAMBAZON
		TDADEMADIC

TRADEMARK

900060539 **REEL: 003411 FRAME: 0929**

Serial Number:	78975169	SAMBAZON
Serial Number:	78888348	SHAMAN'S IMMUNITY
Serial Number:	78853803	SMOOTHINESS
Serial Number:	78853808	SMOOTHINESS
Serial Number:	78888356	STRAWBERRY SENSATION
Serial Number:	78888359	SUPERGREENS REVOLUTION
Serial Number:	78902218	TRIBAL ORGANIC ENERGY

CORRESPONDENCE DATA

Fax Number: (206)682-6031

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 206-622-4900

Email: kevinc.docketing@seedip.com

Correspondent Name: Kevin S. Costanza
Address Line 1: 701 Fifth Avenue

Address Line 2: Suite 5400

Address Line 4: Seattle, WASHINGTON 98104

ATTORNEY DOCKET NUMBER:	830090.001
NAME OF SUBMITTER:	Kevin S. Costanza
Signature:	/Kevin S. Costanza/
Date:	10/19/2006

Total Attachments: 4

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Statement of Merger

filed pursuant to §7-90-301, et seq. and §7-90-203 Colorado Revised Statutes (C.R.S.)

Entity name or true name of each merging entity			
(other than the surviving entity)	Samba, Inc.		
	(Enter name exactly as it appears i	n the records of the .	secretary of state if applicable)
Form of entity	Corporation		
Jurisdiction under which the			
entity was formed	Colorado		
ID number (if applicable)	20001147834		
Principal office street address:	927 Calle Negocio, #J		
•	(Street	name and number)	
	San Clemente	CA	92673
	(City)	(State)	(Postal/Zip Code)
	(Province - if applicable)	(Country - if no	or US)
Principal office mailing address	-		
(if different from above)	(Street name and nu	mber or Post Office	Box information)
	(City)	(State)	(Postal/Zip Code)
	(Province – if applicable)	(Country - if no	u US)
Entity name or true name (other than the surviving entity)			
(,,	(Enter name exactly as it appears in	the records of the s	ecretary of state if applicable)
Form of entity			
Jurisdiction under which the entity was formed			
ID number (if applicable)			
1ERGE	Page 1 of 4		Rev 10/3/200

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Principal office street address			
	(Street	name and number)	
	(City)	(State)	(Postal/Zip Code)
	(Province – if applicable)	(Country - if not US,	<u> </u>
Principal office mailing address (if different from above)	(6)	mber or Post Office Box i	uformation)
(ii different from 2004e)	(Siree) name and na	moer or rost Office box i	
	(City)	(State)	(Postal/Zip Code)
	(Province – if applicable)	(Country - if not US)	F
Entity name or true name (other than the surviving entity)			
Form of outitu	(Enter name exactly as it appears i	in the records of the secre	tary of state if applicable)
Form of entity			
Jurisdiction under which the entity was formed			
ID number (if applicable)			
Principal office street address	(Sireet	name and number)	
	(City)	(State)	(Postal/Zip Code)
	(Province – if applicable)	(Country - if not US)	_
Principal office mailing address (if different from above)	(Street name and nur	mber or Post Office Box in	nformation)
	(City)	(State)	(PostaVZip Code)
	(Province - if applicable)	(Country - if not US)	_
(If there are more than three merging enti- number, and the principal office address o	ities, mark this box 🔲 and inclu f each additional merging entity.	ude an attachment stati)	ng the entity name, ID
2. Entity name of the surviving entity	Sambazon, Inc. (Enter name exactly as it appears in	the records of the secreto	ary of state if applicable)
Form of entity	Corporation	 -	
Jurisdiction under which the entity was formed	Delaware	.,	
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ID number (if applicable)				
Principal office street address	927 Calle Negocio, #J			
	(Street name and number)			
	San Clemente	CA	92673	
	(City)	(State)	(Postal/Zip Code)	
	(Province - if applicable	(Country - if	not US)	
Principal office mailing address (if different from above)	(Street name at	d number or Post Offic	e Box information)	
	(City)	(State)	(Postal/Zip Code)	
	(Province – if applicable	(Country - if	not US)	
3. The merging entities are merged into t	he surviving entity.			
 If one or more of the merging entities records of the secretary of state, mark document. 	is a registrant of a tradem this box	ark described in a ow the document	filed document in the number of each such filed	
Document number		_		
Document number	PAR	-		
(If more than two trademarks, mark this bo	ox 🔲 and include an attacl	ment stating the add	itional document numbers.)	
5. Additional information may be include the additional information.	d. If applicable, mark thi	s box 🔲 and inc	lude an attachment stating	
6. (Optional) Delayed effective date:	(mm/dd/yyyy)	_		
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Causing this document to be delivered to acknowledgment of each individual causi individual's act and deed, or that the individual is experson on whose behalf the individual is exit the requirements of part 3 of article statutes, and that the individual in good fadocument complies with the requirements	ing such delivery, under p vidual in good faith believ causing the document to t 90 of title 7, C.R.S., the cath with believes the facts state	enalties of perjury es the document is e delivered for fil onstituent docume ed in the documen	that the document is the the act and deed of the ing, taken in conformity onts, and the organic tare true and the	
This perjury notice applies to each individuate, whether or not such individual is na				
7. Name(s) and address(es) of the individual(s) causing the document	Black	Ryan		
to be delivered for filing:	(Last)	(First)	(Middle) (Suffix)	
	927 Calle Negocio, #J	an and number to Pers	Office Box information?	
	(Street na.	ne ana number or Post	Office Box information)	
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San Clemente	CA	92673	
(City)	(State)	(Postal/Zip Code)	
(Province – if applicable)	(Country - If i	not US)	

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box \(\sigma\) and include an attachment stating the name and address of such individuals.)

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