

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM408697

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Adell Press		03/31/2015	Corporation: NEW YORK
RECEIVING PARTY DATA			
Name:	Fertile Heart LLC		
Trading As:	Adell Press		
Street Address:	11 West Ohayo Mountain Road		
City:	bearsville		
State/Country:	NEW YORK		
Postal Code:	12409		
Entity Type:	Limited Liability Company: NEW YORK		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	78572939	FERTILE HEART	
CORRESPONDENCE DATA			
Fax Number:	8456794157		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	845-679-5469		
Email:	eb@fertileheart.com		
Correspondent Name:	Edward Baum		
Address Line 1:	PO Box 767		
Address Line 4:	Woodstock, NEW YORK 12498		
NAME OF SUBMITTER:	Edward Baum		
SIGNATURE:	/Edward Baum/		
DATE SIGNED:	12/13/2016		
Total Attachments: 2			
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OP \$40.00 78572939

Assignment of Trademark
Assignment Record Branch

Whereas Adell Press

(Name or assignor/ conveying party) address

PO Box 767 Woodstock NY 12498

Owens trademark Fertile Heart or application _____

Whereas Fertile Heart LLC

(assignee/receiving party) address

PO Box 767 Woodstock NY 12498

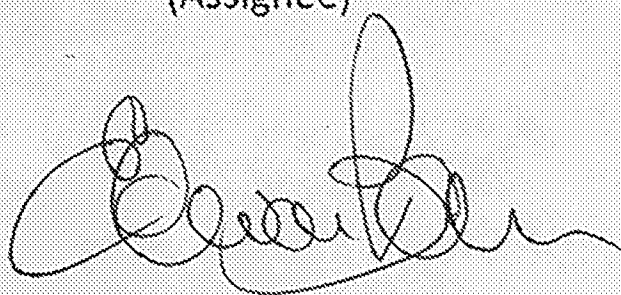
Is desirous of acquiring said registration/ serial 3135178

Now therefore good and valuable consideration, Edward Baum, hereby
(Assignor)

assigns the entire interest and goodwill of the business in
registration/serial 3135178 to Fertile Heart LLC

(Assignee)

Signature



date 12/12/2016

Official Title President

201611160 94

NY's Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Ave,
Albany, NY 12231-0001
www.dos.ny.gov

Certificate of Assumed Name

Pursuant to General Business Law §130

1. REAL NAME OF ENTITY: Fertile Heart LLC

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- Business Corporation Law
- Limited Liability Company Law
- Religious Corporations Law
- Education Law
- Not-for-Profit Corporation Law
- Revised Limited Partnership Act
- Other (specify law):

3. ASSUMED NAME: Adell Press

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX AND PROVIDE OUT-OF-STATE ADDRESS:

11 West Ohayo Mountain Road #603
Bearsville NY 12409

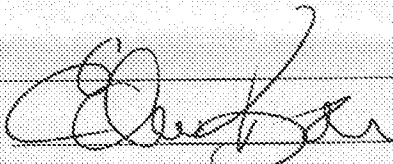
5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS: ALL COUNTIES (or check applicable county(ies) below)

- | | | | | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|--|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Chenango | <input type="checkbox"/> Delaware | <input type="checkbox"/> Franklin | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Lewis | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Clinton | <input type="checkbox"/> Dutchess | <input type="checkbox"/> Fulton | <input type="checkbox"/> Herkimer | <input type="checkbox"/> Livingston | <input type="checkbox"/> Nassau |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Columbia | <input type="checkbox"/> Erie | <input type="checkbox"/> Greene | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Madison | <input type="checkbox"/> New York |
| <input type="checkbox"/> Broome | <input type="checkbox"/> Chemung | <input type="checkbox"/> Cortland | <input type="checkbox"/> Essex | <input type="checkbox"/> Genesee | <input type="checkbox"/> Kings | <input type="checkbox"/> Monroe | <input type="checkbox"/> Niagara |
| <input type="checkbox"/> Oneida | <input type="checkbox"/> Orleans | <input type="checkbox"/> Queens | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Steuben | <input type="checkbox"/> Warren | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Otsego | <input type="checkbox"/> Oswego | <input type="checkbox"/> Rensselaer | <input type="checkbox"/> Saratoga | <input type="checkbox"/> Seneca | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Washington | <input type="checkbox"/> Yates |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Otsego | <input type="checkbox"/> Richmond | <input type="checkbox"/> Schenectady | <input type="checkbox"/> Tompkins | <input type="checkbox"/> Sullivan | <input type="checkbox"/> Wayne | |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Putnam | <input type="checkbox"/> Rockland | <input type="checkbox"/> Schoharie | <input checked="" type="checkbox"/> Ulster | <input type="checkbox"/> Tioga | <input type="checkbox"/> Westchester | |

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. Use page 2 if needed. The address(es) must be a number and street, city state and zip code. The address(es) reflected in paragraph 6 must be within the county(ies) indicated in paragraph 5. If none, check the box: No New York State Business Location

11 West Ohayo Mountain Road #603
Bearsville NY 12409

Name of Signer: Edward Baum

Signature: 

Capacity of Signer (Check one): Officer of the Corporation General Partner of the Limited Partnership
 Member of the Limited Liability Company Manager of the Limited Liability Company
 Authorized Person

Filer: Name: Edward Baum

Mailing Address: PO Box 767

City, State and Zip Code: Woodstock NY 12498

FILED NOV 16 2016

TAX \$ 387395

STATE OF NEW YORK
DEPARTMENT OF STATE

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. All documents should be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. For corporations, the Department of State also collects the following additional county clerk fees for each county in which a corporation does or intends to do business as indicated in paragraph 5: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.