

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM657356

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Vets Plus, Inc.		06/02/2021	Corporation: WISCONSIN
RECEIVING PARTY DATA			
Name:	Noble Pharma, LLC		
Street Address:	4602 Domain Drive		
City:	Menomonie		
State/Country:	WISCONSIN		
Postal Code:	54751-2379		
Entity Type:	Limited Liability Company: WISCONSIN		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	5247687	NOBLE PHARMA, LLC	
Registration Number:	3058314	EZ-CHEW	
CORRESPONDENCE DATA			
Fax Number:	6082529243		
<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:	608-255-8891		
Email:	mal@dewittllp.com		
Correspondent Name:	Marcia Layton		
Address Line 1:	DeWitt LLP/Intellectual Property Dept.		
Address Line 2:	2 E. Mifflin Street, Suite 600		
Address Line 4:	Madison, WISCONSIN 53703-2865		
NAME OF SUBMITTER:	Marcia Layton		
SIGNATURE:	/marcialayton/		
DATE SIGNED:	07/01/2021		
Total Attachments: 2			
source=USPTO--210602--Assignment--Trademarks--Vets_Plus_to_Noble_Pharma--EXECUTED#page1.tif			
source=USPTO--210602--Assignment--Trademarks--Vets_Plus_to_Noble_Pharma--EXECUTED#page2.tif			

OP \$65.00 5247687

ASSIGNMENT OF MARKS

This document is an ASSIGNMENT made by VETS PLUS, INC., a Wisconsin corporation, located and doing business at 302 Cedar Falls Rd., Menomonie, WI 54751-1266 (hereinafter the ASSIGNOR), to NOBLE PHARMA, LLC, a Wisconsin limited liability company, located and doing business at 4602 Domain Dr., Menomonie, WI 54751-2379 (hereinafter the ASSIGNEE).

ASSIGNOR has adopted, used, is using and is the owner of the following marks, as identified in the following documents on file in the U.S. Patent and Trademark Office:

Mark	Application Serial No.	Application Filing Date	Registration No.	Registration Date
NOBLE PHARMA, LLC	87/111,984	Jul. 21, 2016	5,247,687	Jul. 18, 2017
EZ-CHEW	78/453,873	Jul. 21, 2004	3,058,314	Feb. 7, 2006

ASSIGNEE wishes to acquire the marks, their registrations, and the goodwill symbolized by the marks.

THEREFORE, for good and valuable consideration provided by ASSIGNEE to ASSIGNOR, the receipt and sufficiency of which is hereby mutually acknowledged:

ASSIGNOR hereby sells, assigns, and transfers to ASSIGNEE all of its rights, title and interest in and to the above-noted marks, all above-noted registrations of and applications to register the marks, and all goodwill associated with and symbolized by the marks. ASSIGNOR represents and warrants that it has the full power to enter into and perform this agreement.

ASSIGNOR further assigns to ASSIGNEE all right to sue for and receive all damages accruing from past infringements of the marks herein assigned.

ASSIGNOR shall execute and deliver such additional documents as may be reasonably requested by ASSIGNEE to vest or protect ASSIGNEE's rights in the mark.

This ASSIGNMENT shall be binding upon and shall inure to the benefit of the heirs, legal representatives, successors, and assigns of ASSIGNOR and ASSIGNEE, as well as all others acting by, through, with or under their direction, and all those in privity therewith.

This ASSIGNMENT shall be construed under and pursuant to the laws of the State of Wisconsin, and the form and venue for any conflict shall be a court located in the State of Wisconsin or within any other state in which it is alleged by the plaintiff that the defendant has violated this agreement.

This ASSIGNMENT is effective as of the final date of signature below.

Executed by ASSIGNOR VETS PLUS, INC.

06/02/2021
Month / Day / Year

David J. Nelson
Signature

DAVID J. NELSON
Printed Name

PRESIDENT
Title

The person signing above (1) appeared before me; (2) provided identification verifying that he/she is the person whose name and signature is set forth above; (3) verified that he/she understands the type, intended purpose, and effect of this document; (4) verified that this document is signed voluntarily, as an act of his/her own free will; and (5) either signed the document above, or confirmed that he/she made the signature above.



Wisconsin
State

Mary A. Zukowski
NOTARY PUBLIC - NAME

6-2-2021
DATE OF NOTARIZATION

Dunn
County

My commission expires:
Jan. 2, 2023

Executed by ASSIGNEE NOBLE PHARMA, LLC

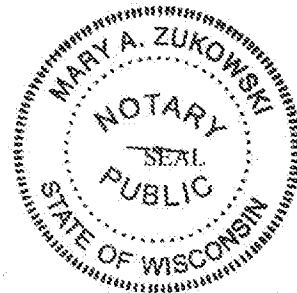
06/02/2021
Month / Day / Year

David J. Nelson
Signature

DAVID J. NELSON
Printed Name

PRESIDENT
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