

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Kel E Lemons	10/24/2008
RECEIVING PARTY DATA	
Name:	Taylor Fresh Foods, Inc.
Street Address:	911 B Blanco Circle
City:	Salinas
State/Country:	CALIFORNIA
Postal Code:	93901
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12243460
CORRESPONDENCE DATA	
Fax Number:	(415)904-6510
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	4159046500
Email:	mmoy@medlencarroll.com
Correspondent Name:	Peter G. Carroll MEDLEN & CARROLL, LLP
Address Line 1:	Suite 350
Address Line 2:	101 Howard Street
Address Line 4:	San Francisco, CALIFORNIA 94105
ATTORNEY DOCKET NUMBER:	TAYLOR-13648
NAME OF SUBMITTER:	Marilyn Moy
Total Attachments: 3 source=assign#page1.tif source=assign#page2.tif source=assign#page3.tif	

OP \$40.00 12243460

PATENT

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REEL: 021765 FRAME: 0238

Attorney Docket No.: **TAYLOR-13648**
S/N 12/243,460

Form PTO-1595	RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. Department of Commerce Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.			
1. Name of conveying party(ies): Kel Eugene Lemons Additional name(s) of conveying party(ies) attached? No		2. Name and address of receiving party(ies): Taylor Fresh Foods, Inc. 911 B Blanco Circle Salinas, CA 93901 Additional name(s) & address(es) attached? No	
3. Nature of conveyance: Assignment Execution Date: 10/24/08			
4. Title of Invention: Antimicrobial Compositions and Methods of Use Thereof			
A. Patent Application No.(s): 12/243,460		B. Patent No.(s):	
Additional numbers attached? No			
5. Name and address of party to whom correspondence concerning document should be mailed: Peter G. Carroll MEDLEN & CARROLL, LLP 101 Howard Street, Suite 350 San Francisco, California 94105		6. Total number of applications and patents involved: 1 7. Total fee(s): \$40 recordation fee 8. Deposit Account Authorization: The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.	
DO NOT USE THIS SPACE			
9. Statement and Signature: <i>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.</i>			
Date: <u>October 28, 2008</u>		Signature: <i>Maha Hamdan</i> Name: Maha A. Hamdan Reg. No.: 43,655	
Total number of pages including cover sheet, attachments, and document: 3			

PATENT
REEL: 021765 FRAME: 0240

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of EL DORADO

On Oct 24, 2008 before me, Grace Stein Notary Public
/Date Here Insert Name and Title of the Officer

personally appeared Kel Eugene Lemans
Name(s) of Signer(s)



who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Grace Stein
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Assignment

Document Date: _____ Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
- ☐ Corporate Officer — Title(s): _____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

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- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
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