

12-14-1999



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**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

MRO 12/6/99

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

**Submission Type**

- New
- Resubmission (Non-Recordation)  
Document ID #
- Correction of PTO Error  
Reel #  Frame #
- Corrective Document  
Reel #  Frame #

**Conveyance Type**

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment  
Effective Date  
Month Day Year
- Merger
- Change of Name
- Other

**Conveying Party**

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

Name

Formerly

- Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship/State of Incorporation/Organization

**Receiving Party**

Mark if additional names of receiving parties attached

Name

DBA/AKATA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

- Individual  General Partnership  Limited Partnership

- Corporation  Association

Other

Citizenship/State of Incorporation/Organization

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

12/14/1999 VBROWN 00000010 75175721

FOR OFFICE USE ONLY

01 FC:481  
02 FC:482

40.00 OP  
25.00 OP

FEE  
ENC

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Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

**TRADEMARK**  
**REEL: 001966 FRAME: 0700**

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments.

#

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

**Number of Properties**

Enter the total number of properties involved.

#

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

**Statement and Signature**

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. Charges to deposit account are authorized, as indicated herein.

*David R Klages*

*David R Klages VP*

*12/06/99*

Name of Person Signing

Signature

Date Signed

**RELEASE OF MORTGAGE, ASSIGNMENT, OR CLAIM OF LIEN**

DOCUMENT NAME: TRADEMARK AND PATENT  
SECURITY AGREEMENT

DOCUMENT DATE: March 25, 1997

DATE OF RECORDATION: April 7, 1997

REEL/FRAME: 1569/0274  
NUMBER OF PAGES 18

NAME OF ASSIGNOR: MET-RX SUBSTRATE  
TECHNOLOGY, INC.

NAME OF ASSIGNEE: FREMONT FINANCIAL CORPORATION

MARK: PLUS MKP APPLICATION NO.: 75175721  
FILING DATE: October 2, 1996

MARK: CHANGING THE WAY APPLICATION NO.: 75122138  
AMERICA EATS FILING DATE: June 19, 1996

ASSIGNEE HEREBY CONFIRMS THAT INDEBTEDNESS SECURED BY THE  
ABOVE-NOTED MARKS HAS BEEN SATISFIED AND ITS SECURITY INTEREST  
IN THE SAME IS TO BE RELEASED.

DATED: DECEMBER 3, 1999

FREMONT FINANCIAL CORPORATION

By:   
David Klages, Vice President

ACKNOWLEDGMENT BEFORE NOTARY PUBLIC

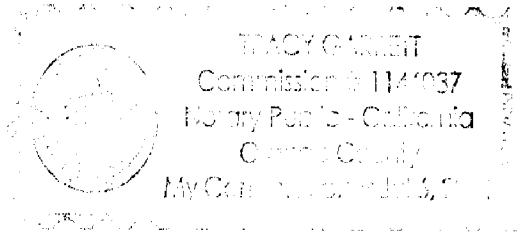
STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF LOS ANGELES )

On Dec. 3, 1999, before me, Tracy Garrett, personally appeared David Klages, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature: Tracy Garrett

My Commission Expires: 7-6-01  
(Seal)



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City/State/Zip: Santa Monica, CA 90404