


Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇌ ⇌ ⇌ ▼ ▼ ▼ ▼ ▼ ▼ ▼	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
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1. Name of conveying party(ies): <u>Research Seeds, Inc.</u> <u>225 Florence Road</u> <u>St. Joseph MO 64501</u> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <u>Missouri</u> <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Land O'Lakes, Inc.</u> Internal <u>MS 2500</u> Address: _____ Street Address: <u>4001 Lexington Avenue N</u> City: <u>Arden Hills</u> State: <u>MN</u> Zip: <u>55126</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Minnesota</u> <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment)</small> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>November 19, 2004</u>	4. Application number(s) or registration number(s): A. Trademark Application No.(s) <u>78/368554</u> B. Trademark Registration No.(s) Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Brenda Goebel</u> Internal Address: <u>MS 2500</u> <u>Land O'Lakes, Inc.</u> Street Address: <u>4001 Lexington Avenue N</u> City: <u>Arden Hills</u> State: <u>MN</u> Zip: <u>55126</u>	6. Total number of applications and registrations involved: <input type="text" value="1"/> 7. Total fee (37 CFR 3.41).....\$ <u>40</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>120215</u> (Attach duplicate copy of this page if paying by deposit account)	
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