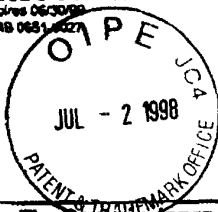


FORM PTO-1618A
Expires 06/30/99
OMB 0681-0027

07-13-1998

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK



100764131

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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 Release

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year _____

Name Oncor, Inc.

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 Norwest Bank Iowa, National Association

DBA/AKA/TA _____

Composed of _____

Address (line 1) 666 Walnut Street

Address (line 2) P.O. Box 837

Address (line 3) Des Moines IA 50304

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.)

07/13/1998 DC04TES 0000049 75066313

FOR OFFICE USE ONLY

01 FC:481 40.00 OP
02 FC:482 175.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0681-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0681-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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

FORM PTO-1618B
Expires 08/30/99
OMB 0951-0027

Page 2

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

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)		
<input type="text" value="75/066,313"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1,908,017"/>	<input type="text" value="1,754,716"/>	<input type="text"/>
<input type="text" value="75/270,629"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2,110,785"/>	<input type="text" value="1,450,227"/>	<input type="text"/>
<input type="text" value="75/288,917"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2,104,186"/>	<input type="text"/>	<input type="text"/>

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.

Douglas Barclay
Name of Person Signing

Douglas Barclay
Signature

6-26-98
Date Signed

**RELEASE OF SECURITY INTEREST IN/ ASSIGNMENTS OF
TRADEMARKS AND TRADEMARK APPLICATIONS**

NORWEST BANK IOWA, NATIONAL ASSOCIATION, an entity with an address 666 Walnut Street, P.O. Box 837, Des Moines, IA 50304 (the "Secured Party"), hereby releases its security interest in and any assignment to it of the trademark applications and trademark registrations listed below, which were granted and/or assigned to it by ONCOR, INC., a Maryland corporation with its principal place of business at 209 Perry Parkway, Gaithersburg, MD 20877 (the "Company"), on or about October 1997:

<u>TRADEMARK</u>	<u>REGISTRATION NO.</u>	<u>DATE OF REGISTRATION</u>
APOPTAG	1,908,017	August 1, 1995
APOPTEST	2,110,785	November 4, 1997
TRAPEZE	2,104,186	October 7, 1997
SURE BLOT	1,754,716	March 2, 1993
HYBRISOL	1,450,227	August 4, 1987

<u>TRADEMARK</u>	<u>APPLICATION NO.</u>	<u>DATE OF FILING</u>
APOPNEXIN	75/066,313	March 1, 1996
CPG WIZ	75/270,629	April 4, 1997
SUNRISE	75/288,917	May 8, 1997

EXECUTED this 26th day of June, 1998

Douglas Barclay
NORWEST BANK IOWA,
NATIONAL ASSOCIATION

NY01211887122215.01