

07-10-2000



101398730

JUN 12 AM 10:16
COPY/FINANCE

**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

Conveyance Type

New 6-12-00

Assignment | | License

Resubmission (Non-Recordation)
Document ID #

Security Agreement | | Nunc Pro Tunc Assignment

Correction of PTO Error
Reel # Frame #

| | Merger
| | Change of Name
Effective Date
Month Day Year

Corrective Document
Reel # Frame #

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 conveying parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

| | Individual | | General Partnership | | Limited Partnership

Corporation | | Association

| | Other

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.)

Citizenship/State of Incorporation/Organization

07/06/2000 BCDATES 00000109 18866199

FOR OFFICE USE ONLY

01 FC:481 40.00 DP
02 FC:482 25.00 DP

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 (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, 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

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.9(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513, on:

SANDR MACHAL 6-7-00
Print Name Date of Deposit
Sandr Machal 6-7-00
Signature Date

TRADEMARK
REEL: 002098 FRAME: 0286

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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1865199"/>	<input type="text" value="1873160"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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.

Harold J. Milstein

Name of Person Signing

Signature

6/7/00

Date Signed

ASSIGNMENT OF TRADEMARKS

WHEREAS, Source 1 Dental Image Inc., a Canada corporation, having an address at 201-15047 Marine Drive, White Rock British Columbia, Canada V4B 1C5, has adopted, is using and is the owner of the following trademarks with registrations at the United States Patent and Trademark Office:

<u>Trademark</u>	<u>Registration No.</u>	<u>Registration Date</u>
INFOSOURCE	1,865,199	November 29, 1994
COMPUCAM	1,873,160	January 10, 1995

WHEREAS, Dicom Imaging Systems, Inc, a Nevada corporation, having an address at 1350 East Flamingo Road, Suite 847, Las Vegas, Nevada 89119, is desirous of acquiring said trademarks and the registrations thereof;

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, Source 1 Dental Image, Inc. assigns to Dicom Imaging Systems, Inc all right, title and interest in and to said trademarks and registrations thereof, together with the goodwill of the business symbolized by said trademarks.

Dated as of MAY 29, 2000

Source 1 Dental Image, Inc.

By: WR

Name: JWAYNE REES

Title: VP