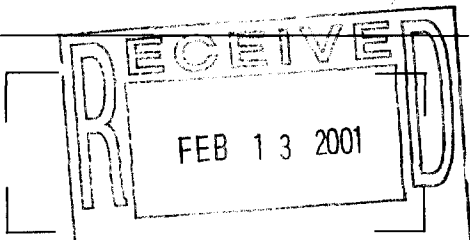


FORM PTO-1618A
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Conveyance Type

- Assignment License
 - Security Agreement Nunc Pro Tunc Assignment
 - Merger
 - Change of Name
 - Other _____
- Effective Date
Month Day Year
12 8 97

Conveying Party

Mark if additional names of conveying parties attached

Name Office Specialty Inc. Execution Date
Month Day Year
12 8 97

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization Ontario, Canada

Receiving Party

Mark if additional names of receiving parties attached

Name INSCAPE CORPORATION

DBA/AKA/TA _____

Composed of _____

Address (line 1) 67 Toll Road

Address (line 2) _____

Address (line 3) Holland Landing Ontario, Canada L0G 1H0

City State/Country Zip Code

- Individual General Partnership Limited Partnership 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.)
- Corporation Association
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Name

Address (line 1) FEB 13 2001

Address (line 2)

Address (line 3)

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Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

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

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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="75/626028"/>	<input type="text" value="75/687754"/>	<input type="text"/>	<input type="text" value="2105633"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75/657,657"/>	<input type="text" value="75/797121"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75/657,658"/>	<input type="text" value="76/017,553"/>	<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.

R. Brant Latham - Reg. No. 30,013

February 9, 2001

Name of Person Signing

Signature

Date Signed



Ministry of
Consumer and
Commercial Relations

Business Division
Companies Branch
393 University Ave Suite 200
Toronto ON M5G 2M2

Ministère de
la Consommation
et du Commerce

Division des affaires commerciales
Direction des compagnies
393 ave University Bureau 200
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Ministry of Consumer
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Toronto, Ontario

Directrice interimaire
Direction des compagnies
Ministère de la Consommation
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Toronto, Ontario