

03-06-2001

FORM PTO-1618A
Expires 06/30/99
OMB 0651-0027



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

2.22.01

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 _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name Laser Photonics, Inc.

08082000

Formerly _____

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association

Other _____

Citizenship/State of Incorporation/Organization Delaware

Receiving Party

Mark if additional names of receiving parties attached

Name PhotoMedex, Inc.

DBA/AKATA _____

Composed of _____

Address (line 1) 2431 Impala Drive

Address (line 2) _____

Address (line 3) Carlsbad

CA State/Country

92008 Zip Code

- Individual
- General Partnership
- Limited Partnership

Corporation Association

Other _____

Citizenship/State of Incorporation/Organization Delaware

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.)

FOR OFFICE USE ONLY

03/05/2001 6TON11 00000086 76047703

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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

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REEL: 002244 FRAME: 0702

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="76047703"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties Enter the total number of properties involved. #

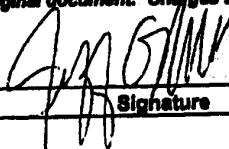
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

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.

Jeffrey O'Donnell  February 21, 2001
Name of Person Signing Signature Date Signed

LUCE, FORWARD, HAMILTON & SCRIPPS LLP

ATTORNEYS AT LAW • FOUNDED 1873

SHIRLEY CHANG, CORPORATE PARALEGAL
DIRECT DIAL NUMBER 310-820-0083
DIRECT FAX NUMBER 310-820-8313
EMAIL ADDRESS SCHANG@LUCE.COM

VIA FEDERAL EXPRESS

February 21, 2001



30487-00001

The Commissioner of Patents and Trademarks
Box Assignments
Washington, D.C. 20231

**Re: Trademark Application Serial Number: 76/047703
Recordation Form Cover Sheet**

Dear Sir or Madam:

Please find enclosed the following items regarding Trademark Application Serial Number 76/047703 filed on behalf of Laser Photonics, Inc.:

1. Original and one (1) copy of the Recordation Form Cover Sheet changing the name of the trademark owner from Laser Photonics, Inc. to PhotoMedex, Inc.; and
2. A check in the amount of \$40.

Please date-stamp the copy and return it in the enclosed self-addressed stamped envelope. Thank you very much for your attention.

Please call me if you have any questions concerning the enclosed.

Very truly yours,

Shirley Chang
for LUCE, FORWARD, HAMILTON & SCRIPPS LLP

cc: Jeffrey Berg, Esq.
Peter Berlin, Esq.

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RECORDED: 02/22/2001

REEL: 002244 FRAME: 0704