

Commissioner of Patents a 101058789. Washington, D.C. 20231

| FORM PTO-1595 RECORDATION FOR                                                                                                                                                                                                                                                                                                 |                                                                                                                              |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| (Rev. 6-93)                                                                                                                                                                                                                                                                                                                   | S ONLY Patent and Trademark Office                                                                                           |  |  |  |
| To the Honorable Commissioner of Patents and Trademarks: Pleas                                                                                                                                                                                                                                                                | se record the attached original document or certified copy thereof.                                                          |  |  |  |
| Name of conveying Party(ies):     Christian JORGENSEN     Torben SVENSSON     Kristian Vang JORGENSEN                                                                                                                                                                                                                         | Name and Address of receiving Party(ies):  Name: EASYPRINT ApS  Internal Address:                                            |  |  |  |
| Additional name(s) of conveying party(s) attached? Yes No                                                                                                                                                                                                                                                                     |                                                                                                                              |  |  |  |
| 3. Nature of conveyance: 6 - 3 - 7 7                                                                                                                                                                                                                                                                                          | Street Address: Metalgangen 19F, DK-2690                                                                                     |  |  |  |
| Security Agreement Change of Name                                                                                                                                                                                                                                                                                             | City: Karlslunde                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                               | State/Country: Denmark Zip:                                                                                                  |  |  |  |
| Execution Date: April 27, 1994                                                                                                                                                                                                                                                                                                | Additional name(s) & address(es) attached? Yes N                                                                             |  |  |  |
| <ol> <li>Application number(s) or patent number(s):         If this document is being filed together with a new application, the exect     </li> <li>A. Patent Application No.(s)/Application Date         U.S. Serial No. 09/264,023, filed March 8, 1999     </li> </ol>                                                    | ution date of the application is :  B. Patent No.(s)/Patent Date                                                             |  |  |  |
| 5 Name and address of party to whom correspondence concerning this matter should be mailed:                                                                                                                                                                                                                                   | Number of applications and patents involved:                                                                                 |  |  |  |
| JACOBSON, PRICE, HOLMAN & STERN<br>400 7th Street, N.W.<br>Washington, DC 20004<br>Tel. 202-638-6666                                                                                                                                                                                                                          | 7. Total fee (37 CFR 3.41) \$ 40.00  X Enclosed  X Any deficiencies in enclosed fees are authorized to be charged to account |  |  |  |
| Attorney Docket No. P61848US1                                                                                                                                                                                                                                                                                                 | 8. Deposit Account No.: 06-1358  (Attach duplicate copy of this page if paying by deposit account):                          |  |  |  |
| DO NOT USE THIS SPACE                                                                                                                                                                                                                                                                                                         |                                                                                                                              |  |  |  |
| 9. 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.  40£  Jonathan L. Scherer 29,851  Name of Person Signing/ Reg. #  Total number of pages including cover sheet, attachments, and documents: 2 |                                                                                                                              |  |  |  |

JPH&S 103-12/93

## **UNITED STATES OF AMERICA - ASSIGNMENT**

| (1-6)                                                            | Insert Name(s) of Inventors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (1)                                                                                                       | Christian JORGENSEN                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
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| (7)                                                              | Insert Name of Assignee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (7)                                                                                                       | EASYPRINT ApS                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
| (8)                                                              | Insert Address of Assignee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (8)                                                                                                       | o Metalgangen 19F, DK-2690 Karlslunde                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
| (9)                                                              | Insert Legal Entity and State or Country (e.g., a corporation or citizen of Japan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (9)                                                                                                       | a corporation (hereinafter designated as the Assignee) the enterritories, dependencies and possessions, in t       | ire right, title and interest for the United States,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | its                             |
| (10)                                                             | Insert Identification of Invention,<br>such as Title, Case Number or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10)                                                                                                      | A METHOD OF THERMAL PRINTING AND A                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
|                                                                  | Foreign Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | for which the undersigned has (have) executed                                                                      | an application for patent in the United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <br>of                          |
| (11)                                                             | Insert Date of signing of<br>Application, or filing date and<br>Serial No., if known                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11)                                                                                                      | Said application having been executed/filed on March 8, 1999 (and assigned Serial No. 09/264,023                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
| with succession or with succession of the will not 20004, United | ch interference.  3) The undersigned agree(s) to each of the international Union for P.  4) The undersigned agree(s) to p.  5) The undersigned hereby authors are sulting from this application of the property of the property of the undersigned hereby grant(s). The undersigned hereby grant(s) the power to insert on this assignment of the part of the part of the part of the power to insert on this assignment of the part of th | execute rotection perform or any ave) full herewise) the langue for reference for reference descriptions. | w firm of <b>Jacobson, Price</b> , <b>Holman &amp; Stern, PL</b> r further identification which may be necessary o | othich may be necessary in connection with claim a grant of a valid United States patent to a Trademarks to issue any and all Letters Pater said Assignee, as Assignee of the entire interest, and that he has (they have) not executed, at LC, 400 Seventh Street, N.W., Washington, Dir desirable in order to comply with the rules of the state of t | ms<br>the<br>nts<br>est,<br>and |
| Date <u>e</u>                                                    | 127-4-89 Nai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ne of In                                                                                                  |                                                                                                                    | V DE Juice . (SE/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ٩L                              |
| Date &                                                           | -27-4-99 Nai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ne of In                                                                                                  | typed name<br>ventor Torben SVENSSON                                                                               | signature (SE/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AL                              |
| Date <u>I</u>                                                    | /27-4-49 Nai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | me of In                                                                                                  | typed name ventor Kristian Vang JORGENSEN typed name                                                               | signature (SE/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ۹L                              |
| Date _                                                           | Na:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ne of In                                                                                                  | ventor                                                                                                             | (SEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ٩L                              |
| Date _                                                           | Nai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ne of In                                                                                                  | typed name ventor                                                                                                  | signature (SEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ΔL                              |
| Date                                                             | Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | me of In                                                                                                  | typed name                                                                                                         | signature (SEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ΔL                              |
| _                                                                | This assignment should preferabl not,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | y be sig                                                                                                  | typed name<br>ned before a United States Consul if signed abro<br>itnessed by at least two witnesses who sign her  | signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |
|                                                                  | ditional inventor's names and a separate sheet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | Witness Witness                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
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JACOBSON, PRICE, HOLMAN & STERN
PROFESSIONAL LIMITED LIABILITY COMPANY
THE JENIFER BUILDING
400 SEVENTH STREET, N.W.

WASHINGTON, D.C. 20004

JPH&S 12/92; 3/96; 6/98

**RECORDED: 06/03/1999** 

(1-6)

**PATENT REEL: 010000 FRAME: 0784**