

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

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

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TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

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- New
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Document ID #
- Correction of PTO Error
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Conveyance Type

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

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 receiving 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
- 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.)

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

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FORM PTO-1618B

Expires 06/30/99
OMB 0851-0027

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="75676143"/>	<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" value="1539948"/>	<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.

Michael J. MacDermott

October 30, 2000

Name of Person Signing

Signature

Date Signed

ASSIGNMENT

WHEREAS, Dermalogica, Inc., a California corporation of 1001 Knox Street, Torrance, California 90502 is the owner of the marks identified on the attached schedule which are registered or for which an application to register has been filed with the United States Patent and Trademark Office, and

WHEREAS, International Dermal Institute, Inc., a California corporation of 1001 Knox Street, Torrance, California 90502 is desirous of acquiring said marks and the registration and application for registration thereof;

NOW THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, said Dermalogica, Inc. does hereby assign unto the said International Dermal Institute, Inc. all right, title and interest in and to the said marks, together with the good will of the business symbolized by the marks, and the registration and application for registration identified on the attached schedule.

Dermalogica, Inc.

By:  10/27/00
Weslie Rau
Chief Financial Officer

SCHEDULE

Trademark:	Application No:	Ref:
POWER RECOVERY	75/676143	DERMA-044844

Trademark:	Registration No:	Ref:
DERMALOGICA	1539948	DERMA-044253

NOTARIAL ACKNOWLEDGMENT

CORPORATION

PARTNERSHIP

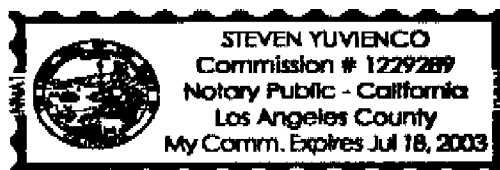
INDIVIDUAL

State of California)
County of Los Angeles)

On October 27th, 2000, before me, STEVEN YUVIENCO, NOTARY PUBLIC personally appeared Weslie Rau, personally known to me (or proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(~~ies~~), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Steven Yuvienco
Signature of Notary



(Affix seal in the above blank space)