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

11-03-2000



101505352
RL 2000N FORM COVER SHEET

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



TRADE!	MARKS ONLY
Submission Type	Please record the attached original document(s) or copy(ies). Conveyance Type
Submission Type 10.23.00	
146M	Assignment License
Resubmission (Non-Recordation)	Security Agreement Nunc Pro Tunc Assignmen
Document ID #	Effective Date
Correction of PTO Error	Merger Month Day Year
Reel # Frame #	X Change of Name
Corrective Document Reel # Frame #	
	Other
Conveying Party	Mark if additional names of conveying parties attached Execution Date
Name Mutual Health Systems, Inc.	Month Day Year 10231996
racaar neuron systems, Inc.	
Formerly	
Individual Co. 15 /	
Individual General Partnership	Limited Partnership X Corporation Association
Other	
X Citizenship/State of Incorporation/Organization	ion Washington
Receiving Party	Mark if additional names of receiving parties attached
Name Gentle Dental Service Corp	poration
DBA/AKA/TA	
Commond of	
Composed of	
Address (line 1) 7725 N.E. Highway 99, Suit	e C
	(- <u>-</u>
Address (line 2)	
Address (line 3) Vancouver	Washington 98685
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
X Corporation Association	appointment of a domestic
X Corporation Association	
X Corporation Association Other	representative should be attached. (Designation must be a separate
Other	representative should be attached. (Designation must be a separate document from Assignment.)
Other Citizenship/State of Incorporation/Organization	representative should be attached. (Designation must be a separate document from Assignment.)
Other Citizenship/State of Incorporation/Organization	representative should be attached. (Designation must be a separate document from Assignment.)

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

FORM PTO- Expires 06/30/99 OMB 0651-0027	-1618B	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 (504) 294-9596				
Name	Mr. Gary H. Lau			
Address (line 1)	Stoel Rives LL	P		
Address (line 2)	900 SW Fifth A	venue, Suite 2600		
Address (line 3)	Portland, Oregon 97204			
Address (line 4)				
Pages	Enter the total numb including any attach	er of pages of the attached conveyance do	ocument # 0	
Trademark /		er(s) or Registration Number(s)	Mark if additional numbers attached	
		mber or the Registration Number (DO NOT ENTER BO		
Trac	demark Application N		tration Number(s)	
L		1214461		
Number of Properties Enter the total number of properties involved. #				
Fee Amount for Properties Listed (37 CED 3 41):				
	f Payment:	Enclosed X Deposit Account	\$ 40.00	
		or if additional fees can be charged to the account.) Deposit Account Number:	# 19-4455	
		Authorization to charge additional fees:	Yes X 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.				
C !!	1		/	
Gary H.	Lau of Person Signing	Signature	10-18-2000	

TRADEMARK REEL: 002166 FRAME: 0848

SUPPORTING DOCUMENTATION FOR TRADEMARK CHANGE OF NAME DOCUMENTS IS

NO LONGER REQUIRED

UNDER THE

TRADEMARK LAW TREATY ACT

EFFECTIVE

OCTOBER 30, 1999

TRADEMARK REEL: 002166 FRAME: 0849

RECORDED: 10/23/2000