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

12-12-2000

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



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### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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

00.05.01

#### 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
- Merger  Effective Date  
Month Day Year
- Change of Name
- Other

#### Conveying Party

Mark if additional names of conveying parties attached

Name  Execution Date  
Month Day Year

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.)

12/11/2000 GTOM11 0000171 1669800

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40.00 OP

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Mail documents to be recorded with required cover sheet(s) information to:  
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REEL: 002192 FRAME: 0821

**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="7669810"/>	<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"/>
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**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.

Christian Harlan Segall

CH Segall

10.26.00

Name of Person Signing

Signature

Date Signed

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Mark:** ORAL ARTS DENTAL LABORATORY

**Applicant:** Oral Arts Dental Laboratory, Inc.

**Business Address  
of Applicant:** 3339 Chamblee-Dunwoody Road  
Atlanta, Georgia, 30341

ASSIGNMENT OF A MARK

WHEREAS, Oral Arts Dental Laboratory, Inc. has adopted, used and is using a mark with the Service Mark No. 1669800, and

WHEREAS, National Dentex Corporation of 526 Boston Post Road, Wayland, Massachusetts 01778 is desirous of acquiring said Service Mark;

NOW THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, said Oral Arts Dental Laboratory, Inc. does hereby assign to the said National Dentex Corporation all right, title and interest in and to the said Service Mark, together with the good will of the business symbolized by the Service Mark, and the above-identified registration thereof.

Assignor

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, is written over a horizontal line.

ID # 215934v01/3294-86  
10/26/2000

RECORDED: 10/30/2000

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