

**RECORDATION FORM COVERSHEET  
TRADEMARK ONLY**

U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

Form PTO-1594  
(Rev. 03/01)  
OMB No. 0651-0027 (exp. 5/31/2002)

Tab settings  $\leftrightarrow \leftrightarrow \leftrightarrow$

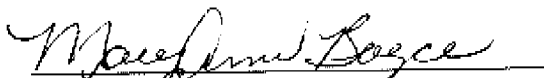
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): <u>Dental Plan, Inc. d/b/a Easy Dental Systems</u></p> <p><input type="checkbox"/> Individual(s)      <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership      <input type="checkbox"/> Limited Partnership  <input checked="" type="checkbox"/> Corporation-State - <u>Utah</u>  <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Name: <u>Dental Plan Inc., d/b/a Easy Dental Systems</u> Internal _____ Address: _____ Street Address: <u>727 E. Utah Valley Dr.</u> City: <u>American Fork</u> State: <u>UT</u> Zip: <u>84003</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____  <input type="checkbox"/> Association _____  <input type="checkbox"/> General Partnership _____  <input type="checkbox"/> Limited Partnership _____  <input checked="" type="checkbox"/> Corporation-State <u>Texas</u>  <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached:    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) &amp; address(es) attached?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance: <input type="checkbox"/> Assignment      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement      <input checked="" type="checkbox"/> Change of Name  <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>May 18, 1983</u></p>	<p>4. Application number(s) or registration number(s): A. Trademark Application No.(s) <u>76/187,041</u> <u>76/186,242</u> Additional number(s) attached    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>B. Trademark Registration No.(s)</p>
<p>5. Name and address of party to whom correspondence concerning documents should be mailed: Name: <u>Marya Lenn Yee</u> Internal Address: <u>Donovan &amp; Yee LLP</u> _____ _____ Street Address: <u>110 Greene St</u> <u>Suite 700</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10012</u></p>	<p>6. Total number of applications and registrations involved: ..... <span style="border: 1px solid black; padding: 2px;">2</span></p> <p>7. Total fee (37 CFR 3.41) ..... \$ <u>65.00</u></p> <p><input type="checkbox"/> Enclosed  <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: <u>50-0357</u></p> <p>(Attach duplicate copy of this page if paying by deposit account)</p>
<b>DONOT USE THIS SPACE</b>	
<p>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.</p> <p><u>Marya Lenn Yee</u>      <u>[Signature]</u>      <u>3/11/02</u> Name of Person Signing      Signature      Date</p> <p style="font-size: small; text-align: center;">Total number of pages including coversheet, attachments, and documents: <span style="border: 1px solid black; padding: 2px;">  </span></p>	

Mail documents to be recorded with required coversheet information to:  
Commissioner of Patent & Trademarks, Box Assignments  
Washington, D.C. 20231

**CERTIFICATE OF TRANSMISSION**

I hereby certify that the foregoing Recordation Form Cover Sheet (Trademark Only)(1 page) is being facsimile transmitted to the Patent and Trademark Office Assignment Branch on March 11, 2002.



Name: Mary Ann Boyce