

FORM PTO-1594

(Rev. 6-93)

OMB No. 0651-0011 (exp. 4/94)

# RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

Atty Docket No. 49316.292350

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

1. Name of conveying party(ies):  
**Wells Fargo Business Credit, Inc.**

☐ Individuals(s)      ☐ Association  
☐ General Partnership      ☐ Limited Partnership  
☒ Corporation – State of **Minnesota**  
☐ Other \_\_\_\_\_

Additional names(s) of conveying party(ies) attached ☐ Yes ☒ No

2. Name and address of receiving party(ies)  
Name: **Pat Horsley Adair and Edwin L. Adair**

Internal Address:

Street Address: **317 Paragon Way**City: **Castlerock** State: **Colorado** Zip: **80104**

3. Nature of conveyance:

☐ Assignment      ☐ Merger  
☐ Security Agreement      ☐ Change of Name  
☒ Other **Assignment of Security Interest**

Execution Date: **3<sup>rd</sup> day of August, 1999**

☒ Individual(s) citizenship **U.S.A.**  
☐ Association \_\_\_\_\_  
☐ General Partnership \_\_\_\_\_  
☐ Limited Partnership \_\_\_\_\_  
☐ Corporation-State \_\_\_\_\_  
☐ Other \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached: ☐ Yes ☐ NoAdditional names(s) & address(es) attached? ☐ Yes ☒ No

4. Application numbers(s) or patent numbers(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

**2,034,684**Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **William H. Brewster**Internal Address: **Kilpatrick Stockton LLP****Suite 2800**Street Address: **1100 Peachtree St.**City: **Atlanta** State: **GA** Zip: **30309**

6. Total number of applications and registrations involved: **1**

7. Total fee (37 CFR 3.41).....\$ **40.00**☐ Enclosed☒ Authorized to be charged to deposit account

The Commissioner is authorized to charge any deficiency in the required fee or credit any over payment to Deposit Account No. 11-0860.

8. Deposit account number:

**11-0860**

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.

**Lise Shettler**

Name of Person Signing

Signature

Date

**Sept. 18, 2003**

Total number of pages including cover sheet, attachments, and document:

**2**

CH \$40.00 110860 2034684

**ASSIGNMENT OF SECURITY INTEREST**


**THIS ASSIGNMENT** of security interest is executed as of this 24th day of February, 2003, from WELLS FARGO BUSINESS CREDIT, INC., a Minnesota corporation f/k/a Norwest Business Credit, Inc. (the "Lender") to Pat Horsley Adair and Edwin L. Adair;

**WHEREAS**, Lender recorded a security interest in the registered trademark described as COMPUTER AGE DENTIST, U.S. Patent and Trademark Office Reg. No. 2,034,684 (the "Mark and Registration"), pursuant to that Security Agreement recorded in the U.S. Patent and Trademark Office on October 15, 1998 at Reel 1800, Frame 0580 (the "Security Agreement"); and

**WHEREAS**, Lender on August 3, 1999 assigned all of its rights in such Security Agreement to Pat Horsley Adair and Edwin L. Adair.

**NOW, THEREFORE**, for good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, Lender has assigned all of its rights in the Marks and Registrations to Pat Horsley Adair and Edwin L. Adair.

**WELLS FARGO BUSINESS CREDIT, INC.**  
**f/k/a Norwest Business Credit, Inc.**

By:   
Name: Kerry T. Larson  
Title: Vice President