

FORM PTO-1594
(Rev. 6-93)

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

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

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):
Pat Horsley Adair and Edwin L. Adair

- Individuals(s)
- General Partnership
- Corporation
- Other
- Association
- Limited Partnership

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

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other **Release of security interest recorded at 1800/0580 on October 15, 2003.**
- Merger
- Change of Name

Execution Date: **December 20, 2002**

2. Name and address of receiving party(ies)
Name: **Computer Age Dentist, Inc.**

Internal Address: **Suite 600**

Street Address: **11300 West Olympic Drive**

City: **Los Angeles** State: **California** Zip: **90064**

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State California
- Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

Additional 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

Sept 18, 2003

Date

Total number of pages including cover sheet, attachments, and document: **2**

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PRUK FINANCE

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Executive Offices

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P. 3

Edwin L. Adair and Pat Horsley Adair
317 Paragon Way
Castlerock, Colorado 80104

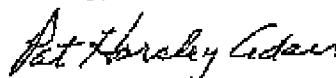
December 20, 2002

Medical Dynamics, Inc.
Computer Age Dentist, Inc.
c/o PracticeWorks, Inc.
Attn: Mark H. Henry, Vice President Finance
1765 The Exchange
Atlanta, Georgia 30339

Dear Mr. Henry:

Any and all obligations of Medical Dynamics, Inc. and Computer Age Dentist, Inc. to us existing as of the date hereof have been paid and satisfied in full. Accordingly, any and all collateral of Medical Dynamics, Inc. and/or Computer Age Dentist, Inc. pledged to secure said obligations is hereby released. We hereby authorize Medical Dynamics, Inc. and Computer Age Dentist, Inc., or any of their respective successors and assigns, to file any necessary UCC termination statements required to terminate all UCC financing statements filed against Medical Dynamics, Inc. and/or Computer Age Dentist, Inc.

Sincerely,



Pat Horsley Adair



Edwin L. Adair

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