

FORM PTO-1594 (Modified)
(Rev. 10/02)
OMB No. 0651-0027 (exp. 6/30/2005)
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Docket No.:

ADL-20919/04

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To the Director of the United States Patent and Trademark Office: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
American Dental Technologies, Inc.

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State **Delaware**
 Other _____

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

2. Name and address of receiving party(ies):

Name: **American Medical Technologies, Inc.**

Internal Address: _____

Street Address: **5555 Bear Lane**

City: **Corpus Christi** State: **TX** ZIP: **78405**

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State **DELAWARE**
 Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from Assignment)
Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: **July 6, 2000**

4. Application number(s) or registration numbers(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)
1,868,148

Additional numbers attached? Yes No

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

Name: **Douglas W. Sprinkle**

Internal Address: **Gifford, Krass, Grob, Sprinkle**
Anderson & Citkowski, P.C.

Street Address: **280 North Old Woodward, Ste. 400**

City: **Birmingham** State: **MI** ZIP: **48009**

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

7. Total fee (37 CFR 3.41):.....\$ **\$40.00**

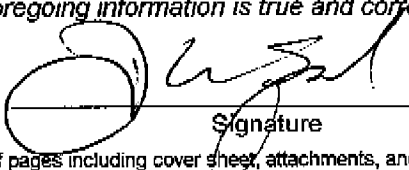
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 Authorized to be charged to deposit account

8. Deposit account number:
07-1180

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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.

Douglas W. Sprinkle
Name of Person Signing


Signature

1/6/03
Date

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

Mail documents to be recorded with required cover sheet information to:
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**NO DOCUMENTATION
REQUIRED**

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