

03-25-2004



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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).

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)

- Individual General Partnership Limited Partnership 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.)
- Corporation Association
- Other
- Citizenship/State of Incorporation/Organization

FOR OFFICE USE ONLY

0000049 179423

40.00 OP
100.00 OP
03/24/2004 NGETACHE
01 FC: 0521
02 FC: 0522

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

Refund Ref:
03/24/2004 NGETACHE 0000135000

CHECK Refund Total: \$60.00

TRADEMARK
REEL: 002935 FRAME: 0037

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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1798423"/>	<input type="text" value="1892901"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1776999"/>	<input type="text" value="1827980"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1840251"/>	<input type="text"/>	<input type="text"/>

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.)

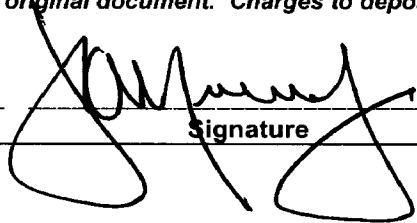
Deposit Account Number: #

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.

Jerry K. Mueller, Jr.



March 10, 2004

Name of Person Signing

Signature

Date Signed

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3) MAR 12 2004

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)

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Jerry K. Mueller, Jr.

March 10, 2004

Name of Person Signing

Signature

Date Signed

ASSIGNMENT OF REGISTERED TRADEMARKS

WHEREAS, Wolf International, Inc., a corporation of the State of Ohio, 1200 Chester Industrial Parkway, Avon, OH 44011, has adopted and used, and is the owner of the following trademarks now registered in the United States Patent and Trademark Office

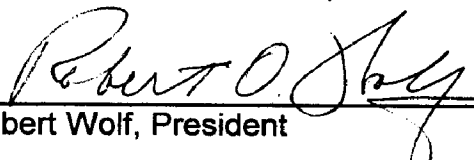
<i>Trademark</i>	<i>Registration No.</i>	<i>Registration Date</i>
PH PROHEALTH	1,798,423	October 12, 1993
ORAGRIP	1,776,999	June 15, 1993
ORABEST	1,840,251	June 21, 1994
ORAHEAL	1,892,901	May 9, 1995
THE PERFECT SMILE	1,827,980	March 29, 1994

WHEREAS, Perfect Smile Corporation, a corporation of the State of Ohio, having its principal office at 29313 Clemens Road, Unit 2E, Westlake, OH 44145, is desirous of acquiring said registered trademarks,

NOW, THEREFORE, in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, Wolf International, Inc. confirms that it has assigned and by these presents does hereby assign to Perfect Smile Corporation, all right, title, and interest in the United States in and to said trademark registrations together with the goodwill of the business symbolized by said trademark registrations thereof.

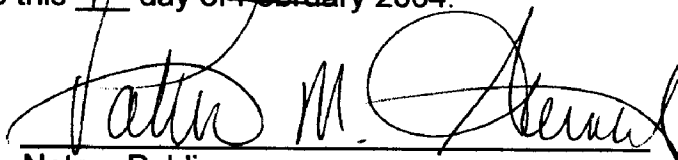
Signed at Cleveland Ohio, this 4 day of MARCH ~~February~~ 2004.

WOLF INTERNATIONAL, INC.


Robert Wolf, President

State of OHIO)
County of CUYAHOGA) ss:

Sworn to and subscribed before me this 4 day of MARCH ~~February~~ 2004.


Notary Public

Patricia Sternlieb
Notary Public - State of Ohio
My Commission Expires 07/29/2008