

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Carolyn M Primus		06/19/2007	INDIVIDUAL: UNITED STATES
Michael C Alpern		06/19/2007	INDIVIDUAL: UNITED STATES
RECEIVING PARTY DATA			
Name:	Dentsply International, Inc.		
Street Address:	221 West Philadelphia Street		
City:	York		
State/Country:	PENNSYLVANIA		
Postal Code:	17401		
Entity Type:	CORPORATION:		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	77138794	INFUSION	
CORRESPONDENCE DATA			
Fax Number:	(941)366-0189		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	941-366-3700		
Email:	dharrell@burgessharrell.com		
Correspondent Name:	Donald J. Harrell		
Address Line 1:	1776 Ringling Blvd.		
Address Line 4:	Sarasota, FLORIDA 34236		
ATTORNEY DOCKET NUMBER:	1410-001		
NAME OF SUBMITTER:	Donald J. Harrell		
Signature:	/Donald J Harrell/		
Date:	06/22/2007		

OP \$40.00 77138794

Total Attachments: 1
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RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

Carolyn M. Primus
Michael C. Alpern

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

Citizenship (see guidelines) USA
Additional names of conveying parties attached? | Yes No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Dentsply International, Inc.

Internal Address: _____

Street Address: 221 W. Philadelphia St.

City: York

State: PA

Country: USA Zip: 17401

- Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship _____
 Other _____ Citizenship _____

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)

3. Nature of conveyance)/Execution Date(s) :

Execution Date(s) 06/19/2007

- Assignment Merger
 Security Agreement Change of Name
 Other _____

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)
Serial #: 77138794

B. Trademark Registration No.(s)
N/A

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

Infusion

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

Name: Donald J. Harrell, Esq

Internal Address: _____

Street Address: 1776 Ringling Blvd.

City: Sarasota

State: FL Zip: 34236

Phone Number: 941-366-3700

Fax Number: 941-366-0189

Email Address: dharrell@burgessharrell.com

6. Total number of applications and registrations involved:

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ _____

- Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature: Donald J. Harrell

Signature

Donald J. Harrell, Esq

Name of Person Signing

6/22/07
Date

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