

Form PTO-1594 (Rev. 07/05)
OMB Collection 0651-0027 (exp. 6/30/20)

07-13-2007

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office



103425936

To the Director of the U. S. Patent and

Documents or the new address(es) below.

1. Name of conveying party(ies):

Bank of America, N.A.
1231 S. LaSalle Street
Chicago, IL 06097

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

Citizenship (see guidelines) none

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: Practiceworks, Inc.

Internal Address: _____

Street Address: 1765 The Exchange

City: Atlanta

State: Georgia

Country: USA Zip: 30339

Association Citizenship _____

General Partnership Citizenship _____

Limited Partnership Citizenship Georgia

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) 6/11/07

- Assignment Merger
- Security Agreement Change of Name
- Other Release of Security Lien

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

A. Trademark Application No.(s)

757 69444

B. Trademark Registration No.(s)

2462624

Additional sheet(s) attached? Yes No

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

The Image Standard for Dentistry

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

Name: Carestream Health, Inc.

Internal Address: Attn: M.A. Muldoon

Street Address: 150 Verona Street

City: Rochester

State: New York Zip: 14608

Phone Number: 585-724-7580

Fax Number: 585-724-1234

Email Address: _____

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40.00

- 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:

[Signature]

Signature

June 11, 2007

Date

Lucille J. Palowski, AVP Bank of America, N.A.

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 1

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1460, Alexandria, VA 22313-1460

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):

Bank of America, N.A.
1231 S. LaSalle Street
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- Individual(s) Association
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- Security Agreement Change of Name

Other Release of Security Lien

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Name: Practiceworks Systems, LLC

Internal

Address: _____

Street Address: 1765 The Exchange

City: Atlanta

State: Georgia

Country: USA Zip: 30339

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

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(Designations must be a separate document from assignment)

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

A. Trademark Application No.(s)

75348495

B. Trademark Registration No.(s)

2240346

Additional sheet(s) attached? Yes No

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

Intelligent

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

Name: Carestream Health, Inc.

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Street Address: 150 Verona Street

City: Rochester

State: New York Zip: 14608

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Fax Number: 585-724-1234

Email Address: _____

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 2500

- 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:

[Signature]

Signature

June 11, 2007

Date

Lucille J. Palowski, AVP Bank of America, N.A.

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

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(Designations must be a separate document from assignment)

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

A. Trademark Application No.(s)

73725271

B. Trademark Registration No.(s)

1536188

Additional sheet(s) attached? Yes No

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

Practice Outlook

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

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Internal Address: Attn: M.A. Muldoon

Street Address: 150 Verona Street

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State: New York Zip: 14608

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Fax Number: 585-724-1234

Email Address: _____

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 25.00

- 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 _____

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RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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 Country: USA Zip: 30339

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship Georgia
 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) 6/11/07

Assignment Merger
 Security Agreement Change of Name
 Other Release of Security Lien

4. Application number(s) or registration number(s) and identification or description of the Trademark.
 A. Trademark Application No.(s) 76142683
 B. Trademark Registration No.(s) 2721981

Additional sheet(s) attached? Yes No

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

5. Name & address of party to whom correspondence concerning document should be mailed:
 Name: Carestream Health, Inc.
 Internal Address: Attn: M.A. Muldoon
 Street Address: 150 Verona Street
 City: Rochester
 State: New York Zip: 14608
 Phone Number: 585-724-7580
 Fax Number: 585-724-1234
 Email Address: _____

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7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$25.00

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

8. Payment Information:
 a. Credit Card Last 4 Number _____ Expiration Date _____
 b. Deposit Account Number _____ Authorized User Name _____

9. Signature [Signature] Signature
Lucille J. Palowski, AVP Bank of America, N.A. Date June 11, 2007
 Name of Person Signing

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Association Citizenship _____
 General Partnership Citizenship _____
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 Corporation Citizenship _____
 Other _____ Citizenship _____

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

Execution Date(s) 6/11/07

Assignment Merger
 Security Agreement Change of Name
 Other Release of Security Lien

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

A. Trademark Application No.(s) 76125012
 B. Trademark Registration No.(s) 2605605

Additional sheet(s) attached? Yes No

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

Practiceworks

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

Name: Carestream Health, Inc.
 Internal Address: Attn: M.A. Muldoon
 Street Address: 150 Verona Street
 City: Rochester
 State: New York Zip: 14608
 Phone Number: 585-724-7580
 Fax Number: 585-724-1234
 Email Address: _____

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 25.00

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 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Number _____ Expiration Date _____
 b. Deposit Account Number _____
 Authorized User Name _____

9. Signature: [Signature] June 11, 2007

Signature
Lucille J. Palowski, AVP Bank of America, N.A.
 Name of Person Signing

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

A. Trademark Application No.(s)

76171496

B. Trademark Registration No.(s)

2605712

Additional sheet(s) attached? Yes No

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

Practiceworks Office

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

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Fax Number: 585-724-1234

Email Address: _____

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25.00

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Date: June 11, 2007

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Execution Date(s) 6/11/07

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other Release of Security Lien

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

A. Trademark Application No.(s)

76211656

B. Trademark Registration No.(s)

2875211

Additional sheet(s) attached? Yes No

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

Practiceworks Sitebuilder

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

Name: Carestream Health, Inc.

Internal Address: Attn: M.A. Muldoon

Street Address: 150 Verona Street

City: Rochester

State: New York Zip: 14608

Phone Number: 585-724-7580

Fax Number: 585-724-1234

Email Address: _____

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1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 25.00

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Signature

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Limited Partnership Citizenship Georgia

Corporation Citizenship _____

Other _____ Citizenship _____

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(Designations must be a separate document from assignment)

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

A. Trademark Application No.(s)

74488244

B. Trademark Registration No.(s)

1947961

Additional sheet(s) attached? Yes No

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

Wmomo

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

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Internal Address: Attn: M.A. Muldoon

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July 12, 2007

PracticeWorks, Inc.
Softdent, LLC
PracticeWorks Systems, LLC

Re: Paid ID#372650

Dear Sir or Madam:

Please be advised that research has shown there exists no debt owed by PracticeWorks, Inc., Softdent, LLC, PracticeWorks Systems, LLC under commercial loan dated July 21, 2003 to Bank of America, N.A.

The collateral securing the Credit Agreement is hereby released.

The releases are for the trademarks as follows:

PracticeWorks, Inc.

THE IMAGE STANDARD FOR DENTISTRY - Serial No. 75769444/Registration No. 2464624
PRACTICEWORKS SITEBUILDER - Serial No. 76211656/Registration No. 2875211

Softdent, LLC

INFOSOFT - Serial No. 73832819/Registration No. 1607310
SOFTCHART - Serial No. 74736734/Registration No. 2045075
SOFTDENT - Serial No. 7377965/Registration No. 1561967

PracticeWorks Systems, LLC

INTELLIDENT - Serial No. 75348495/Registration No. 2240346
PRACTICE OUTLOOK - Serial No. 73725271/Registration No. 1536188
PRACTICETO GO - Serial No. 76142683/Registration No. 2721981
PRACTICEWORKS - Serial No. 76125012/Registration No. 2605605
PRACTICEWORKS OFFICE - Serial No. 76171496/Registration No. 2605712
WINOMS - Serial No. 74488244/Registration No. 1947961

Should you have any questions concerning the above, I may be contacted at (860) 409-5897.

Sincerely,

Lucille J. Palowski
Assistant Vice President
Mailcode CT2-515-BB-11
70 Batterson Park Road
Farmington, CT 06032