

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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|------------------------------|---|
| SUBMISSION TYPE: | CORRECTIVE ASSIGNMENT |
| NATURE OF CONVEYANCE: | Corrective Assignment to correct the assignor and the assignee previously recorded on Reel 003646 Frame 0305. Assignor(s) hereby confirms the entire interest and goodwill. |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|---------------|----------|----------------|---------------------|
| Strong Dental | | 01/15/2008 | CORPORATION: NEVADA |

RECEIVING PARTY DATA

| | |
|------------------------|---------------------------|
| Name: | Strong Dental |
| Street Address: | 40157 West Shoreview Lane |
| City: | Coeur d' Arlene |
| State/Country: | IDAHO |
| Postal Code: | 83814 |
| Entity Type: | CORPORATION: NEVADA |

PROPERTY NUMBERS Total: 8

| Property Type | Number | Word Mark |
|----------------|----------|------------------|
| Serial Number: | 73566551 | EDGE-EASE |
| Serial Number: | 75746367 | BODY GEMS |
| Serial Number: | 75747560 | SOLAR GLO |
| Serial Number: | 77216997 | CARE-EASE |
| Serial Number: | 78378923 | SENSOR SLIP-EASE |
| Serial Number: | 78378935 | SENSOR SLIPPERS |
| Serial Number: | 78645516 | WRAP-EASE |
| Serial Number: | 78645840 | COMF-EASE |

CORRESPONDENCE DATA

Fax Number: (212)813-9600
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: 212-813-1600
 Email: lsmith@creativity-law.com

CH \$215.00 73566551

Correspondent Name: Laura E. Smith
Address Line 1: 488 Madison Avenue
Address Line 2: 19th Floor
Address Line 4: New York, NEW YORK 10022

| | |
|-------------------------|---------------------|
| ATTORNEY DOCKET NUMBER: | CANTEL STRONGTM 020 |
|-------------------------|---------------------|

| | |
|--------------------|---------------|
| NAME OF SUBMITTER: | Laura E.Smith |
|--------------------|---------------|

| | |
|------------|-------|
| Signature: | /LES/ |
|------------|-------|

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|-------|------------|
| Date: | 01/22/2008 |
|-------|------------|

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|---|
| Total Attachments: 2 source=Cantel cvr frame 0305#page1.tif source=cantel dec#page1.tif |
|---|

ZONA KALIHHER, MINNTECH CORPORATION COMPANY:14605 28TH AVENUE NORTH

10/24/2007 08:51 FAX 7635512653

Minnotech
10/24/2007
700347513

001/007

Form PTO-1594 (Rev. 07/05)
OMB Collection 0651-0027 (exp. 6/30/2008)

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

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):
Vonda Manley

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

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

2. Name and address of receiving party(ies) Yes
 Additional names, addresses or citizenship attached? No

Name: Strong Dental Products, Inc.
 Internal
 Address: _____
 Street Address: 40157 West Shoreview Lane
 City: Coeur d'Alene
 State: Idaho
 Country: USA Zip: 83814

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) 26 September 2007

Assignment Merger
 Security Agreement Change of Name
 Other Corrective Assignment

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

A. Trademark Application No.(s)
78/645840 77/216997

B. Trademark Registration No.(s)
1,399,298 3,093,144 3,194,894 3,114,976 2,338,772
2,338,753

Additional sheet(s) attached? Yes No

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

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

Name: Zona Kalihher, Minntech Corporation
 Internal Address: _____
 Street Address: 14605 28th Avenue North
 City: Minneapolis
 State: Minnesota Zip: 55447
 Phone Number: 763 553 2402
 Fax Number: 763 551 2653
 Email Address: zkalihher@minntech.com

6. Total number of applications and registrations involved: 8

7. Total fee (37 CFR 2.611)(6) & 3.41) \$ 215.00

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

8. Payment Information:

a. Credit Card Last 4 Numbers 6192
 Expiration Date 10/09

b. Deposit Account Number _____
 Authorized User Name _____

9. Signature: Zona Kalihher 10-24-07
 Signature Date

Zona Kalihher Total number of pages including cover sheet, attachments, and document: 7
 Name of Person Signing

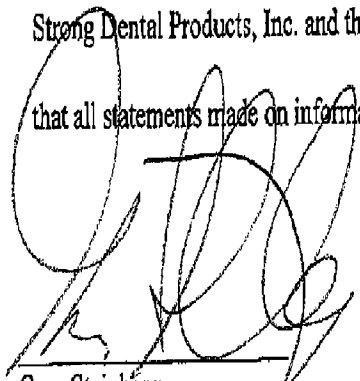
OP \$215.00 78645840

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0710, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

DECLARATION

The Assignments filed at reel 3634 frame 0432 and reel 3646 frame 0305 were filed in error. Ownership of the referenced trademarks attached as Schedule A, at all times remained with Strong Dental Products, Inc. Strong Dental Products requests that the attached corrective assignment be recorded in Trademark Office at the earliest possible convenience.

The undersigned being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code declares that he is properly authorized to execute this Declaration on behalf of Strong Dental Products, Inc. and that all statements made of his own knowledge are true and that all statements made on information and belief are believed to be true.



Gary Steinberg,
Executive Vice President
Strong Dental Products

Dated: January 15, 2008