

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
BANK OF AMERICA, N.A., AS ADMINISTRATIVE AGENT		04/24/2009	CORPORATION: DELAWARE

RECEIVING PARTY DATA

Name:	Discus Dental, LLC
Street Address:	8550 Higuera Street
Internal Address:	Legal Department
City:	Culver City
State/Country:	CALIFORNIA
Postal Code:	90232
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA

PROPERTY NUMBERS Total: 5

Property Type	Number	Word Mark
Registration Number:	1873230	LIGHTSPEED
Registration Number:	2352677	SIMPLIFILL
Registration Number:	2776755	LIGHTSPEED
Registration Number:	2776756	LIGHTSPEED
Registration Number:	2959095	ENDOVAC

CORRESPONDENCE DATA

Fax Number: (310)845-1513
 Phone: (310) 845-8312
 Email: frederick.tong@philips.com
Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.
 Correspondent Name: Frederick W. Tong
 Address Line 1: 12121 Bluff Creek Drive
 Address Line 2: Suite 100

900205354

**TRADEMARK
 REEL: 004647 FRAME: 0180**

CH \$140.00 1873230

Address Line 4: Los Angeles, CALIFORNIA 90094

NAME OF SUBMITTER:

Frederick W. Tong

Signature:

/Frederick W. Tong/

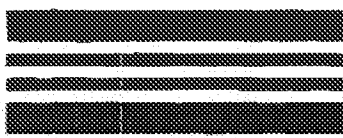
Date:

10/24/2011

Total Attachments: 2

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source=Release of Security Interest#page2.tif



09-7194648200

04/24/2009 15:29

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)



P.O. Box 1913
Sacramento, CA 95812
1 (800) 446-5455 281660



SOS

FILED

CALIFORNIA
SECRETARY OF STATE



20043620003 UCC 1 FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR Discus Dental, LLC				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS				
8550 Higuera Street		CITY Culver City	STATE CA	POSTAL CODE 90232
			COUNTRY USA	
ADDL INFO RE ORGANIZATION DEBTOR		1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION California	1g. ORGANIZATIONAL ID# if any <input type="checkbox"/> PHONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS				
		CITY	STATE	POSTAL CODE
			COUNTRY USA	
ADDL INFO RE ORGANIZATION DEBTOR		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID# if any <input type="checkbox"/> PHONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SP) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR Bank of America, N.A., as Administrative Agent				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS				
800 5th Ave., 37th Flr, WA1-501-37-20		CITY Seattle	STATE WA	POSTAL CODE 95104
			COUNTRY USA	

4. This FINANCING STATEMENT covers the following collateral

All assets of the Debtor

6. ALTERNATIVE DESIGNATION (if applicable)		<input type="checkbox"/> LESSOR/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
8. OPTIONAL FILER REFERENCE DATA		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2					

California Secretary of State (017625-3417)

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) - CALIFORNIA (REV. 01/01/08)

TRADEMARK
REEL: 004647 FRAME: 0182

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)
 UCC DIRECT SERVICES
 2727 ALLEN PARKWAY
 HOUSTON, TX 77019
 USA

DOCUMENT NUMBER: 22671620002
 FILING NUMBER: 09-72116564
 FILING DATE: 10/19/2009 20:16
 IMAGE GENERATED ELECTRONICALLY FOR XML FILING
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1a. INITIAL FINANCING STATEMENT FILE #
 09-714648200

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. **DELETE** name: Give record name to be deleted in item 6a or 6b. **ADD** name: Complete item 7a or 7b, and also item 7c.

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME

OR
 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR
 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. SEE INSTRUCTIONS ADD'L DEBTOR INFO 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL IDR, if any NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. **NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment) If this is an Amendment authorized by Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this amendment.

a. ORGANIZATION'S NAME
 Bank of America

OR
 b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**
 CA-09-09573447 753 IN

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