FORM PTO-1595

09-07-2000
101451320

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

and the attached original doc

R SHEET

To the Honorable commission. 101451329	and the attached original documents or copy thereof.
1. Name of Conveying party(ies):	Name and address of receiving party(ies)
INTERACTIVE DENTAL MARKETING SERVICES LIC	•
2.7.2000	1 [위
AUG 0 7 2000	Name: NEW SMILE DENTAL CENTERS, LC
' 'a. 7.00	Name: NEW SMILE DENIAL CENTERS, LC
Individual(s) Association Archange	Internal Address:
Individual(s)  General Partnership  Limited Partnership	
X_Corporation-State South Dakota	Street Address: 231 South Phillips Avenue, Suite 260
Other Additional name(s) of conveying party(ies) attached?Yes _X_No	o City: Sioux Falls State: South Dakota ZIP: 57104
date for the final control of the co	Individual(s) citizenship
	Association
3. Nature of conveyance:	General Partnership
X AssignmentMerger	Limited PartnershipX_Corporation-StateSouth Dakota
	Other
Security AgreementChange of Name	
	If assignee is not domiciled in the United States, a
Other	designation of domestic representative is attached: Yes X No
Execution Date: July 3, 2000	(Designations must be a separate document from assignment)
	Additional name(s) and address(es) attached?Yes _X_No
Additional number:	s attached:Yes _X_No
<ol> <li>Name and address of party to whom correspondence concerning document should be mailed:</li> </ol>	6. Total number of applications and registrations involved _1_
Name:Amaury Phelip	
	7. Total Fee (37 CFR 3.41)\$ 40.00
Internal Address: T9395	7. lotal Fee (37 CFR 3.41)
	_X_Enclosed
	and the background to deposit account
	Authorized to be charged to deposit account
Street Address: GREENBLUM & BERNSTEIN, P.L.C.	8. Deposit account number:
1941 Roland Clarke Place	o. Deposit account number.
1741 KULANG CLAING LAGG	19-0089
<u> </u>	(Astrological convert this page if paying
City: Reston State: VA ZIP: 20191	(Attach duplicate copy of this page if paying
/07/2000 JSHABAZZ 00000131 1949283	by deposit account)
FC:481 DO NOT US	SE THIS SPACE
Statement and signature.	-tion is true and correct and any attached conv is a true conv of
To the best of my knowledge and belief, the foregoing infolmation	ation is true and correct and any attached copy is a true copy of
the original document.	6. 1. I have 7.0 and

Amaury Phelip Name of Person Signing

Total number of pages including cover sheet, at achments and document: \_2\_

Mail documents to be recorded with required cover sheet information to: Assistant Commissioner for Trademarks, Box Assignments
2900 Crystal Drive, Arlington, Virginia 22202-3513

## **ASSIGNMENT**

WHEREAS, INTERACTIVE DENTAL MARKETING SERVICES, LLC, a company organized and existing under the laws of the state of Delaware, with its principal place of business at 231 South Phillips Avenue, Suite 260, Sioux Falls, South Dakota 57104 ("Assignor"), has adopted, owns and is using the mark "1-800-NEW SMILE" ("the Mark");

WHEREAS, Assignor owns a federal Registration for the Mark on the Principal Register of the United States Patent and Trademark Office, Registration No. 1,949,283, registered on January 16, 1996; and

WHEREAS, NEW SMILE DENTAL CENTERS, LC, a company organized and existing under the laws of the state of South Dakota, with its principal place of business at 231 South Phillips Avenue, Suite 260, Sioux Falls, South Dakota 57104, desires to acquire the Mark, and the above-mentioned Registration;

**NOW, THEREFORE**, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor hereby sells, assigns and transfers to Assignee all right, title and interest in and to the Mark, together with the goodwill symbolized by the Mark, and the registration thereof, effective as of the date of execution below.

	INTERACTIVE DENTAL MARKETING SERVICES, LLC
7-3-2000	By: Moles The
Date	Name: MITCHELL KNISBACIFER
	Title:

SUBSCRIBED and SWORN to before me

this 340 day of July, 2000

Notary Public

My Commission Expires: \_\_\_\_\_7/10/03

**RECORDED: 08/07/2000** 

TRADEMARK
REEL: 002130 FRAME: 0619