

AUG 01 2002

RE

08-08-2002

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



102182045

Shed original documents or copy thereof.

To the Honorable Commissioner of P.

1. Name of conveying party(ies):

**RONALD S. CARLSON, D.D.S.**  
**BIO-LOGICAL DENTISTRY**  
4211 Waialae Ave, Suite 400  
Honolulu, Hawaii

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other

Execution Date:

July 26, 2002

2. Name and address of receiving party(ies)

Name: \_\_\_\_\_  
Internal Address: **SYNTRO-RESEARCH, INC.**  
**A NEVADA CORPORATION**  
P.O. Box 27103  
Las Vegas, NV 89126

Street Address: **SYNTRO-RESEARCH, INC.**  
**A NEVADA CORPORATION**

5344 IMAGES CT.  
City: LAS VEGAS State: NV Zip: 89107

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

A. Patent Application No.(s)

B. Patent No.(s)

6,299,449

Additional numbers attached? ☐ Yes ☒ No

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

Name: RONALD S. CARLSON, DDS

Internal Address: AGENT / CMS, INC

Street Address: 4211 WAIALAE AVE

City: HONOLULU State: HAWAII Zip: 96816

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

☒ Enclosed

☐ Authorized to be charged to deposit account

8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

RONALD S. CARLSON, AGENT  
Name of Person Signing CMS INC

Ronald S. Carlson  
Signature

July 26, 2002  
Date

Total number of pages including cover sheet, attachments, and documents: 4

Sample Form (former PTO/SB/41) (05-01)

Docket Number (optional)

**ASSIGNMENT OF PATENT**

Whereas, I, RONALD S. CARLSON of MY OWN AUTHORITY, hereinafter referred to as patentee, did obtain a United States Patent for an improvement in THE ART AND SCIENCE OF DENTISTRY REGARDING FIXED PROSTHETICS

No. 6,299,449, dated Oct. 09, 2001; and whereas, I am now the sole owner of said patent, and,

Whereas, CONTRACTOR

of SYNTRO-RESEARCH, INCORPORATED

hereinafter referred to as "assignee" whose mailing address is P.O. BOX 27103  
(LAS VEGAS, NV 89126)

City of LAS VEGAS, and State of NEVADA 89126

is desirous of acquiring the entire right, title and interest in the same;

ONE HUNDRED DOLLARS AND FUTURE CONSIDERATION AS AGREED

Now, therefore, in consideration of the sum of ONE HUNDRED DOLLARS (\$100.00), the receipt whereof is acknowledged, and other good and valuable consideration, I, the patentee, by these presents do sell, assign and transfer unto said assignee the entire right, title and interest in and to the said Patent aforesaid; the same to be held and enjoyed by the said assignee for his own use and behoof, and for his legal representatives and assigns, to the full end of the term for which said Patent is granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this TWENTY SIXTH day of JULY, 2002 (2002)

at 2564 FERDINAND AVE., SUITE 8, HONOLULU, HI 96822

Ronald S. Carlson

(Signature)

State of Hawaii

County of Honolulu

SS:

Before me personally appeared said Ronald S. Carlson

and acknowledge the foregoing instrument to be his free act and deed this 26th day

of July, 2002

Seal

J. Michael

(Notary Public)

My commission expires: 4/19/03

This form offers a sample or suggested format for an assignment document. This sample form is not an OMB officially approved form.



\$D.

Please type a plus sign (+) inside this box → **+**

PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                      |                        |  |
|---|----------------------|------------------------|--|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/349,375             |  |
|   | Filing Date          | July 7, 1999           |  |
|   | First Named Inventor | RONALD S. CARLSON      |  |
|   | Group Art Unit       |                        |  |
|   | Examiner Name        | MR. JOHN WILSON        |  |
| Total Number of Pages in This Submission  | 4                    | Attorney Docket Number |  |

| ENCLOSURES (check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment / Reply                                   | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | Remarks   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                     |
|--|-------------------------------------|
| Firm or Individual name                    | RONALD S. CARLSON                   |
| Signature                                  | Ronald S. Carlson (Agent CMS, Inc.) |
| Date                                       | July 26, 2002                       |

| CERTIFICATE OF MAILING  |                                       |
|---|---------------------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>July 26, 2002</u> <i>(initials)</i> |                                       |
| Typed or printed name   | RONALD S. CARLSON                     |
| Signature   | Ronald S. Carlson Date: July 26, 2002 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

AUG 01 2002

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 40.00

**Complete if Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 09 / 349,375      |
| Filing Date          | JULY 7, 1999      |
| First Named Inventor | RONALD S. CARLSON |
| Examiner Name        | MR. JOHN WILSON   |
| Group Art Unit       |                   |
| Attorney Docket No.  |                   |

**METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

|                        |  |
|------------------------|--|
| Deposit Account Number |  |
| Deposit Account Name   |  |

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description        | Fee Paid |
|----------|----------|----------|----------|------------------------|----------|
| 101      | 710      | 201      | 355      | Utility filing fee     |          |
| 106      | 320      | 206      | 160      | Design filing fee      |          |
| 107      | 490      | 207      | 245      | Plant filing fee       |          |
| 108      | 710      | 208      | 355      | Reissue filing fee     |          |
| 114      | 150      | 214      | 75       | Provisional filing fee |          |

SUBTOTAL (1) (\$)

**2. EXTRA CLAIM FEES**

| Total Claims       | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Independent Claims | -20** =      | X              |          |
| Multiple Dependent | -3** =       | X              |          |

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description  | Fee Paid |
|----------|----------|----------|----------|--|----------|
| 103      | 18       | 203      | 9        | Claims in excess of 20                                     |          |
| 102      | 80       | 202      | 40       | Independent claims in excess of 3                          |          |
| 104      | 270      | 204      | 135      | Multiple dependent claim, if not paid                      |          |
| 109      | 80       | 209      | 40       | ** Reissue independent claims over original patent         |          |
| 110      | 18       | 210      | 9        | ** Reissue claims in excess of 20 and over original patent |          |

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Entity Fee Code     | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description  | Fee Paid |
|---------------------------|-----------------------|-----------------------|-----------------------|--|----------|
| 105                       | 130                   | 205                   | 65                    | Surcharge - late filing fee or oath  |          |
| 127                       | 50                    | 227                   | 25                    | Surcharge - late provisional filing fee or cover sheet                     |          |
| 139                       | 130                   | 139                   | 130                   | Non-English specification  |          |
| 147                       | 2,520                 | 147                   | 2,520                 | For filing a request for ex parte reexamination                            |          |
| 112                       | 920*                  | 112                   | 920*                  | Requesting publication of SIR prior to Examiner action                     |          |
| 113                       | 1,840*                | 113                   | 1,840*                | Requesting publication of SIR after Examiner action                        |          |
| 115                       | 110                   | 215                   | 55                    | Extension for reply within first month                                     |          |
| 116                       | 390                   | 216                   | 195                   | Extension for reply within second month                                    |          |
| 117                       | 890                   | 217                   | 445                   | Extension for reply within third month                                     |          |
| 118                       | 1,390                 | 218                   | 695                   | Extension for reply within fourth month                                    |          |
| 128                       | 1,890                 | 228                   | 945                   | Extension for reply within fifth month                                     |          |
| 119                       | 310                   | 219                   | 155                   | Notice of Appeal   |          |
| 120                       | 310                   | 220                   | 155                   | Filing a brief in support of an appeal                                     |          |
| 121                       | 270                   | 221                   | 135                   | Request for oral hearing   |          |
| 138                       | 1,510                 | 138                   | 1,510                 | Petition to institute a public use proceeding                              |          |
| 140                       | 110                   | 240                   | 55                    | Petition to revive - unavoidable   |          |
| 141                       | 1,240                 | 241                   | 620                   | Petition to revive - unintentional   |          |
| 142                       | 1,240                 | 242                   | 620                   | Utility issue fee (or reissue)   |          |
| 143                       | 440                   | 243                   | 220                   | Design issue fee   |          |
| 144                       | 600                   | 244                   | 300                   | Plant issue fee  |          |
| 122                       | 130                   | 122                   | 130                   | Petitions to the Commissioner  |          |
| 123                       | 50                    | 123                   | 50                    | Processing fee under 37 CFR 1.17(q)  |          |
| 126                       | 180                   | 126                   | 180                   | Submission of Information Disclosure Stmt                                  |          |
| 581                       | 40                    | 581                   | 40                    | Recording each patent assignment per property (times number of properties) | 40.00    |
| 146                       | 710                   | 246                   | 355                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 149                       | 710                   | 249                   | 355                   | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 179                       | 710                   | 279                   | 355                   | Request for Continued Examination (RCE)                                    |          |
| 169                       | 900                   | 169                   | 900                   | Request for expedited examination of a design application                  |          |
| Other fee (specify) _____ |                       |                       |                       |  |          |

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

40.00

**SUBMITTED BY**

|                   |                                     |                                   |         |           |              |
|-------------------|-------------------------------------|-----------------------------------|---------|-----------|--------------|
| Name (Print/Type) | RONALD S. CARLSON                   | Registration No. (Attorney/Agent) |         | Telephone | 808-735-0282 |
| Signature         | Ronald S. Carlson / Agent CMS, Inc. | Date                              | 7/26/02 |           |              |

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT

RECORDED: 08/01/2002

REEL: 013146 FRAME: 0476