

3/21/05

Docket No.: GMU-10002/36

FORM PTO-1595 (Modified)
(Rev. 03-01)
OMB No. 0651-002 (exp. 5/31/2002)
P08/REV03

03-24-2005

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Internal Address: _____

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City: **Ann Arbor** State: **MI** ZIP: **48104**

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

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Execution Date: **August 16, 2004**

4. Application number(s) or patent numbers(s):
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10/919,159

B. Patent No.(s)

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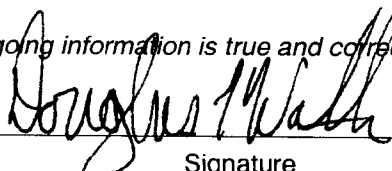
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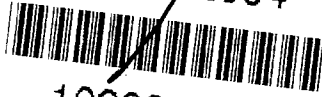
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FORM PTO-1595 (Modified)
(Rev. 03-01)
OMB No. 0651-0027 (exp.5/31/2002)
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Name: **TMJ Pain Solutions, LLC**

Internal Address:

Street Address: **2403 Vinewood Blvd.**

City: **Ann Arbor** State: **MI** ZIP: **48104**

Additional names(s) of conveying party(ies) Yes No

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

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

10919159

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B. Patent No.(s)

08/18/2004 SSESHE1 00000006 10919159

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Additional numbers attached? Yes No

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

Name: **Douglas L. Wathen (Reg. No. 41,369)**

Internal Address: **4th Floor**

Street Address: **280 N. Old Woodward Avenue**

City: **Birmingham** State: **MI** ZIP: **48009**

6. Total number of applications and patents involved: **1**

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