

PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Uriel Yarovesky	06/04/2008
RECEIVING PARTY DATA	
Name:	Dental Illusions, Inc.
Street Address:	29229 Canwood Street
Internal Address:	Suite 210
City:	Agoura Hills
State/Country:	CALIFORNIA
Postal Code:	91301
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12115967
CORRESPONDENCE DATA	
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<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	8183477900
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Correspondent Name:	Scott W. Kelley
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Address Line 2:	Suite 1650
Address Line 4:	Woodland Hills, CALIFORNIA 91367
ATTORNEY DOCKET NUMBER:	DENTAL-50748
NAME OF SUBMITTER:	Scott W. Kelley

Total Attachments: 3
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PATENT
REEL: 021119 FRAME: 0115

OP \$40.00 12115967

ASSIGNMENT

This Assignment is made by **Uriel Yarovesky**, of Thousand Oaks, Assignor, to **DENTAL ILLUSIONS, INC.**, a California corporation, Assignee, having a place of business at 29229 Canwood Street, Suite 210, Agoura Hills, California 91301.

WHEREAS, Assignor has invented a new and useful **PROCESS FOR MAKING A DENTAL RESTORATION AND RESULTANT APPARATUS**, for which an application for United States Letters Patent was filed in the U.S. Patent and Trademark Office on **May 6, 2008** and assigned Serial No. **12/115,967**; and

WHEREAS, Assignor believes himself to be the original, first and sole inventor of the invention disclosed and claimed in said application for Letters Patent; and

WHEREAS, Assignee desires to acquire by formal, recordable assignment the entire right, title and interest in and to said invention, said application and any Letters Patent that may be granted for said invention in the United States and throughout the world;

NOW, THEREFORE, in consideration of the sum of Ten Dollars (\$10.00) and of other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Assignor hereby sells, assigns, and transfers to Assignee, the entire right, title, and interest in and to said invention, said application and any Letters Patent that may be granted for said invention in the United States and throughout the world, including the right to file foreign applications directly in the name of the Assignee and to claim for any such foreign applications any priority rights to which such applications are entitled under international conventions, treaties, or otherwise.

Further, Assignor agrees that, upon request and without further compensation, but at no expense to Assignor, he and his legal representatives and assigns will do all lawful acts, including the execution of papers and the giving of testimony, that may be necessary or desirable for obtaining, sustaining, reissuing, or enforcing Letters Patent in the United States and throughout the world for said invention, and for perfecting, recording, or maintaining the title of Assignee, its successors and assigns, to said invention, said application, and any Letters Patent granted for said invention in the United States and throughout the world.

Assignor represents and warrants that he has not granted and will not grant to others any rights inconsistent with the rights granted herein.

Assignor authorizes and requests the Commissioner of Patents and Trademarks of the United States and of all foreign countries to issue any Letters Patent granted for said invention, whether on said application or on any subsequently filed division, continuation, continuation-in-part or reissue application, to Assignee, its successors and assigns, as the assignee of the entire interest in said invention.

IN WITNESS WHEREOF, Assignor has executed this Assignment on the date written below.

ASSIGNOR:


Uriel Yarovesky

6-4-08
Date

DENTAL-50748
ASSIGNMENT

PATENT
REEL: 021119 FRAME: 0118

ACKNOWLEDGMENT

STATE OF CALIFORNIA)
) ss.
COUNTY OF Los Angeles

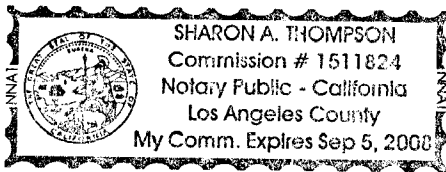
On JUNE 17TH, 2008, before me, SHARON A. THOMPSON, a Notary Public in and for said State, personally appeared **Uriel Yarovesky**, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Sharon A. Thompson
NOTARY PUBLIC

(seal)



DENTAL-50748
ASSIGNMENT