PATENT ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Coversheet previously recorded on Reel 026962 Frame 0198. Assignor(s) hereby confirms the Patent Number 6997114 should be corrected to Patent Number 6997714.

CONVEYING PARTY DATA

Name	Execution Date
Bank of America, as Administrative Agent	04/24/2009

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

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	6997714

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: 8550 Higuera Street
Address Line 2: Legal Department
Address Line 4: Culver City, CALIFORNIA 90232

ATTORNEY DOCKET NUMBER:	P1103US03
NAME OF SUBMITTER:	Frederick W. Tong

CH $40.00 6997714

Total Attachments: 5
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PATENT ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

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

CONVEYING PARTY DATA

Name	Execution Date
Bank of America, N.A., as Administrative Agent	04/24/2009

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

PROPERTY NUMBERS Total: 2

Property Type	Number
Patent Number:	7226288
Patent Number:	6997114

CORRESPONDENCE DATA

Fax Number: (310)845-1513
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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 Tong
Address Line 1: 8550 Higuera Street
Address Line 2: Legal Department
Address Line 4: Culver City, CALIFORNIA 90232

ATTORNEY DOCKET NUMBER:	P1103US01/P1103US03
NAME OF SUBMITTER:	Frederick W. Tong
Signature:	/Frederick W. Tong/

Date:	09/23/2011

Total Attachments: 2
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RECEIPT INFORMATION

EPAS ID:	PAT1699834
Receipt Date:	09/23/2011
Fee Amount:	$80

[redacted]

09-7194648200
04/24/2009 15:29
FILED
CALIFORNIA
SECRETARY OF STATE
SOS
20843628883 UCC 1 FILING

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

GKL CORPORATE/LEGAL, INC.
P.O. Box 1913
Sacramento, CA 95812
1 (800) 446-5455 28140

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

OR 1a. ORGANIZATION'S NAME: 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
[redacted] ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION: LLC	1f. JURISDICTION OF ORGANIZATION: California	1g. ORGANIZATIONAL ID#, if any: ☐ NONE		

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

OR 2a. ORGANIZATION'S NAME					
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME			SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE		COUNTRY
[redacted] ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if any: ☐ NONE		

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

OR 3a. ORGANIZATION'S NAME: 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: 98104		COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:

All assets of the Debtor

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional): ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

California Secretary of State (017625-3417)

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

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: 22674620002
FILING NUMBER: 09-72116564
FILING DATE: 10/19/2009 20:16
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
09-71946482(0)

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 ID#, 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.

9a. ORGANIZATION'S NAME
Bank of America

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA
CA-39573447 753 DI

FILING OFFICE COPY