

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT2942819

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ERIC W. MOWELL	07/07/2014
GEOFFREY A. DE ROHAN	06/23/2014
ERIC MATTHEW KROUSE	06/20/2014
EDWARD MICHAEL GANDELMAN	06/20/2014
JAMES HUANG LUA	06/20/2014
RECEIVING PARTY DATA	
Name:	DENTEK ORAL CARE, INC.
Street Address:	307 EXCELLENCE WAY
City:	MARYVILLE
State/Country:	TENNESSEE
Postal Code:	37801
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14333861
CORRESPONDENCE DATA	
Fax Number:	(865)523-4478
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	865-546-4305
Email:	MEVANS@LUEDEKA.COM
Correspondent Name:	LUEDEKA NEELY GROUP, P.C.
Address Line 1:	P O BOX 1871
Address Line 4:	KNOXVILLE, TENNESSEE 37901
ATTORNEY DOCKET NUMBER:	69059.US/1656.5
NAME OF SUBMITTER:	ROBERT O. FOX
SIGNATURE:	/robertofox/
DATE SIGNED:	07/17/2014
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 6	
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DECLARATION

As a below named inventor, I declare that this declaration is directed to the patent application entitled

DENTAL GUARD

having application serial number 14 333 861 , filed on July 17, 2014 (the Application). The Application was made or authorized to be made by me. I believe that I am the original inventor or an original joint inventor of a claimed invention in the Application. I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 USC §1001 by fine or imprisonment of not more than five years, or both. I grant authority to any receiving intellectual property office to provide access to the Application to any other intellectual property office in which an application claiming priority to the Application is filed.

POWER OF ATTORNEY

I appoint the practitioners associated with the customer number, firm, and practitioner named below as my attorney to prosecute this Application and any other applications based thereon and to transact all business in connection therewith, including to make and receive payments, and request that all correspondence be directed to the customer number or addresses below:

Customer number:	00408--> Luedeka Neely Group, P.C.
Law Firm:	Luedeka Neely Group, P.C.
Attn:	Robert O. Fox
Mail:	PO Box 1871, Knoxville TN 37901 US
Email:	RFOX@LUEDEKA.COM
Attorney docket:	Docket No. 69059.US

I grant the above-referenced practitioners the power to insert on this document any further information that may be necessary or desirable to comply with the rules of any relevant governmental office for the recordation of this document.

This document ☒ does ☐ does not include an assignment.

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I do hereby sell, assign, and transfer to:

Dentek Oral Care, Inc.
Maryville, TN

and its successors, assigns, and legal representatives (collectively referred to as "Assignee"), the entire worldwide right, title and interest in and to any all inventions that are disclosed in the Application, and in and to the Application and all applications that have been or shall be filed based thereon; and in and to all rights of priority resulting from the filing of such applications. The Assignee may apply for and receive Letters Patent in its own name.

I will carry out in good faith the intent and propose of this assignment; execute all patent applications based on this Application; execute all needed documents; communicate to the Assignee all facts known to me relating to the invention and the history thereof; do whatever is necessary to secure and maintain patent protection for the invention and vest title to the invention and all applications and patents thereon in the Assignee. I have not made any assignment or other encumbrance or agreement affecting the rights and property herein conveyed, and I possess the full right to convey such rights and property.

I hereby authorize the attorneys named herein to accept and follow the instructions of the Assignee as to any action to be taken regarding this Application without direct communication between the attorneys and myself. I hereby waive any right to revoke such power of attorney and appoint substitute attorneys, and grant all such powers to the Assignee.

SIGNATURE BLOCK FOR INVENTOR

Eric W. Mowell
7/7/14
 Date

Jeffrey S Porter
 Witness signature
Jeffrey S Porter
 Witness name

Witness address
13125 Clear Ridge Rd
Knoxville, TN 37922

Inventor Residence: 3008 Country Meadows Lane, Maryville, TN 37803
 Inventor Mailing Address: 3008 Country Meadows Lane, Maryville, TN 37803
 Inventor Citizenship: US

SUBSTITUTE STATEMENT WHEN INVENTOR IS NOT AVAILABLE

The undersigned believes the above-named to be the original inventor or an original joint inventor of a claimed invention in the Application. The Application was made or authorized to be made by the undersigned on behalf of the above-named inventor. The undersigned hereby acknowledges that any willful false statement made in this declaration is punishable under 18 USC §1001 by fine or imprisonment of not more than five years, or both. The undersigned's relationship to the inventor to whom this substitute statement applies is:

- ☐ legal representative (for deceased or legally incapacitated inventor only),
☐ assignee,
☐ entity to which the inventor is under an obligation to assign,
☐ entity that otherwise has shown a sufficient proprietary interest in the matter (37 CFR 1.46 petition provided), or
☐ joint inventor.

This substitute statement is necessary because the above-named inventor:

- ☐ is deceased,
☐ is under legal incapacity,
☐ cannot be found or reached after diligent effort, or
☐ has refused to execute this declaration.

By _____

Date _____

Residence:
 Mailing Address:

SIGNATURE BLOCK FOR INVENTOR

Geoffrey A. de Rohan
Date 6/23/14

Samuel G. Ellis
Witness signature
Samuel G. Ellis
Witness name

Witness address
4115 Somandosa Dr
Knoxville, TN 37919

Inventor Residence: 7320 Parliament Drive, Knoxville, TN 37919
Inventor Mailing Address: 7320 Parliament Drive, Knoxville, TN 37919
Inventor Citizenship: US

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By _____

Date _____

Residence:
Mailing Address:

SIGNATURE BLOCK FOR INVENTOR

Eric Krouse
 Eric Matthew Krouse
6/20/2014
 Date

[Signature]
 Witness signature
Adam W. Jones
 Witness name

Witness address
14891 GRAHAM RD SW
PATASKALA OHIO 43228

Inventor Residence: 5610 Trabaue Road, Columbus, OH 43228
 Inventor Mailing Address: 5610 Trabaue Road, Columbus, OH 43228
 Inventor Citizenship: US

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By _____

Date _____

Residence:
 Mailing Address:

SIGNATURE BLOCK FOR INVENTOR


 Edward Michael Gandelman
6/20/2014
 Date


 Witness signature
HERMAN E. JONES
 Witness name

Witness address
 14371 GRANITE RD S.W.
 PATASKALA OHIO 43062

Inventor Residence: 389 W. 5th Avenue, Columbus, OH 43201
 Inventor Mailing Address: 389 W. 5th Avenue, Columbus, OH 43201
 Inventor Citizenship: US

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Date _____

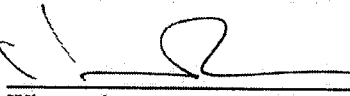
Residence:
 Mailing Address:

SIGNATURE BLOCK FOR INVENTOR


James Huang Lua

6/20/14

Date


Witness signature

HERNANDEZ JONES
Witness name

Witness address
14891 GRANT RD S.W.
PARASKEVA OHIO 43062

Inventor Residence: 4999 Castlereia Ct., Columbus, OH 43221
Inventor Mailing Address: 4999 Castlereia Ct., Columbus, OH 43221
Inventor Citizenship: US

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