Authorized to be charged by credit card Authorized to be charged to deposit account Street Address: 150 Verona Street **Enclosed** City: Rochester 8. Payment Information: State: New York Zip:\_ 14608 a. Credit Card Last 4 Numbers Expiration Date 585-724-7580 Phone Number: b. Deposit Account Number Fax Number: 585-724-1234 Authorized User Name Email Address:

9. Signature: Signature

Name of Person Signing

internal Address: Attn: M.A. Muldoon

Signature
Lucille J. Palowski, AVP Bank of America, N.A.

June 11, 2087

7. Total fee (37 CFR 2.6(b)(6) & 3.41)

Total number of pages including cores sheet, attachments, and documents

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United States Patent and Trademark Office

, DECORDATION 5	214 2014	
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1. Name of conveying party(les):  Bank of America, N.A.  1231 S. LaSalle Street  Chicago, IL 06097	2. Name and address of receiving party(les)  Additional names, addresses, or citizenship attached?  No  Name: Practiceworks Systems, LLC	
☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited Partnership	Internal Address: Street Address: 1765 The Exchange	
☐ Corporation- State: Other National Banking Association	City: Atlanta	
Citizenship (see guidelines) none	State: Georgia	
Additional names of conveying parties attached? Yes 🔏 No	Country: USA Zip: 30339  Association Citizenship	
3. Nature of conveyance )/Execution Date(s):	General Partnership Citizenship	
Execution Date(s) 6/11/07	Limited Partnership Citizenship Georgia	
Assignment Merger	Corporation Citizenship	
Security Agreement Change of Name	Other Citizenship  If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No	
Other Release of Security Lien	UCSIGNATIONS Mitst has a sensente decrease to the contract of	
4. Application number(s) or registration number(s) and A. Trademark Application No.(s)  75348495  C. Identification or Description of Trademark(s) (and Filing	Additional sheet(s) attached? Yes No Date if Application or Registration Number is unknown)	
6. Name & address of party to whom correspondence		
concerning document should be mailed: Name: Carestream Health, Inc.	6. Total number of applications and registrations involved:	
Internal Address: Attn: N.A. Muldoon	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$25.00	
Street Address: 150 Verona Street	Authorized to be charged by credit card  Authorized to be charged to deposit account  Enclosed	
City: Rochester	8. Payment Information:	
State: New York Zip: 14608	a. Credit Card Last 4 Numbers	
Phone Number: 585-724-7580  Fax Number: 585-724-1234	Expiration Date 5	
ax Number: 585-724-1234 Email Address:	b. Deposit Account Number	
D. Signature:	Authorized User Name	
	June 11, 2007	
Signature Lucille J. Palowski, AVP Bank of America,	N.A. Date & Lag	
Name of Person Signing	Total number of pages including Edvent sheet, attachments, and document;	

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1231 S. LaSalle Street	Additional names, addresses, or citizenship attached?	
Chicago, II. 06097	Name: Practiceworks Systems, LLC	
Individual(\$) Association	Internal Address:	
General Partnership Limited Partnership	Street Address: 1765 The Exchange	
Corporation- State:	City: Atlanta	
Other National Banking Association	State: Georgia	
Citizenship (see guidelines) none	Country: USA Zip: 30339	
Additional names of conveying parties attached? Yes X No	Association Citizenship	
3. Nature of conveyance )/Execution Date(s):	General Partnership Citizenship	
Execution Date(s) 6/11/07	Limited Partnership Critzenship Georgia	
Assignment Merger	Corporation Citizenship	
Security Agreement Change of Name	Other Citizenship If assignee is not domicited in the United States, a domestic	
Other Release of Security Lien	representative designation is attached: Yes No  (Designations must be a separate document from assignment)	
4. Application number(s) or registration number(s) and	identification or description of the Trademark.	
A. Trademark Application No.(s)	B. Trademark Registration No.(s)	
73725271	1536188	
C. Identification or Description of Trademark(s) (and Filing	Additional sheet(s) attached? Yes No	
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Practice Ou	thoo	
5. Name & address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and	
Name: Carestream Health, Inc.	registrations involved:	
Internal Address: Attn: M.A. Muldoon	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 25.00	
	Authorized to be charged by credit card	
Street Address: 150 Verona Street	Authorized to be charged to deposit account	
	Enclosed N S	
City:Rochester	8. Payment Information:	
State: New York Zip: 14608	a. Credit Card Last 4 Numbers	
Phone Number;585-724-7580	Expiration Date :: \$	
Fax Number: 585-724-1234	b. Deposit Account Number 8	
Email Address:	Authorized User Name	
9. Signature:	June 11, 2007	
Signature	D-4-	
Lucille J. Palowski, AVP Bank of America Name of Person Signing	Total number of pages including dove.	
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Bank of America, N.A.	Additional names, addresses, or citizenship attached?	
1231 S. LaSalle Street	Name: Practiceworks Systems, LLC	
Chicago, IL 06097	Internal	
individual(s) Association	Address:	
General Partnership Limited Partnership	Street Address: 1765 The Exchange	
Corporation- State:	City: Atlanta	
Olher National Banking Association	State: Georgia	
Citizenship (see guidelines) none	Country: USA zip: 30339	
Additional names of conveying parties attached? Yes A No	Association Citizenship	
3. Nature of conveyance )/Execution Date(s):	General Partnership Citizenship	
Execution Date(s) 6/11/07	Limited Partnership Citizenship Georgia	
Assignment Merger	Corporation Citizenship	
Security Agreement Change of Name	Citizenship If assignee is not domiciled in the United States, a domestic	
Other Release of Security Lien	representative designation is attached; Yes No	
4. Application number(s) or registration number(s) and	(Designations must be a separate document from assignment)	
A. Trademark Application No.(s)	B. Trademark Registration No.(s)	
76142683	2721981	
	Additional sheet(s) attached? Yes A No	
C. Identification or Description of Trademark(s) (and Filing	Date if Application or Registration Number is unknown):	
Practiceton		
5. Name & address of party to whom correspondence		
concerning document should be mailed:	6. Total number of applications and registrations involved:	
Name: Carestream Health, Inc.	Siowations involved.	
Internal Address: Attn: M.A. Muldoon	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$2500	
	Authorized to be charged by credit card	
Street Address: 150 Verona Street	Authorized to be charged to deposit account	
	M Enclosed S S S	
City: Rochester	8. Payment Information:	
State: New York Zip: 14608	a. Credit Card Last 4 Number	
Phone Number:585-724-7580	Expiration Date:	
Fax Number: 585-724-1234	b. Deposit Account Number	
Email Address:	Authorized User Name	
9. Signature	June 11, 200元 日	
Signature  Dates N A  Dates N		
Name of Person Signing  Name of Person Signing  Name of Person Signing		

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1. Name of conveying party(ies):  Bank of America, N.A.  1231 S. LaSalle Street  Chicago, II. 06097  Individual(s)  Association	2. Name and address of receiving party(les)  Additional names, addresses, or citizenship attached? No Name: Practiceworks Systems, LLC Internal Address:	
General Partnership  Corporation- State:  Other National Banking Association  Citizenship (see guidelines) none  Additional names of conveying parties attached? Yes No.  3. Nature of conveyance )/Execution Date(s):  Execution Date(s) 6/11/07  Assignment Merger  Security Agreement Change of Name  Other Release of Security Lien	Street Address: 1765 The Exchange  City: Atlanta  State: Georgia  Country: USA Zip: 30339  Association Citizenship  General Partnership Citizenship  Limited Partnership Citizenship Georgia  Corporation Citizenship  Other Citizenship  If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No (Designations must be a separate document from assignment)	
4. Application number(s) or registration number(s) and A. Trademark Application No.(s)	B. Trademark Registration No.(s)	
Additional sheet(s) attached? Yes No  C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):		
5. Name & address of party to whom correspondence concerning document should be malled: Name: Carestream Health, Inc.	6. Total number of applications and registrations involved:	
Internal Address: Attn: M.A. Muldoon  Street Address: 150 Verona Street	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
City: Rochester	8. Payment Information:	
State:         New York         Zip:         14608           Phone Number:         585-724-7580           Fax Number:         585-724-1234           Email Address:         9. Signature:	a. Credit Card Last 4 Numbers  Expiration Date  b. Deposit Account Number 8  Authorized User Name	
Signature:    Signature   June 11, 2017     Signature   Lucille J. Palowski, AVP Bank of America, N.A.     Name of Person Signing   Sheet, attachments, and declarated in the sheet attachments and declarated in the sheet attachments.		

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☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited Partnership ☐ Corporation- State: ☐ Other _National Banking Association ☐ Citizenship (see guldelines)none Additional names of conveying partles attached? ☐ Yes ☑ No  3. Nature of conveyance )/Execution Date(s): ☐ Execution Date(s)	Internal Address:  Street Address: 1765 The Exchange  City: Atlanta  State: Georgia  Country: USA Zip: 30339  Association Citizenship  General Partnership Citizenship  Limited Partnership Citizenship Georgia  Corporation Citizenship  Other Citizenship  If assignee is not domiciled in the United States, a domestic	
4. Application number(s) or registration number(s) and A. Trademark Application No.(s)  76/7/1476  C. Identification or Description of Trademark(s) (and Filing	B. Trademark Registration No.(s)  26057/2  Additional sheet(s) attached?   Yes  No  Date if Application or Registration Number is unknown):	
5. Name & address of party to whom correspondence concerning document should be malled:  Name: Carestream Health, Inc.  Internal Address: Attn: M.A. Muldoon  Street Address: 150 Verona Street	Total number of applications and registrations involved:  Total fee (37 CFR 2.6(b)(6) & 3.41) \$25 00  Authorized to be charged by credit card Authorized to be charged to deposit account	
City: Rochester  State: New York Zip; 14608  Phone Number: 585-724-7580  Fax Number: 585-724-1234  Email Address:	8. Payment Information:  a. Credit Card Last 4 Numbers Expiration Date  b. Deposit Account Number Authorized User Name	
Signature Signature Lucille J. Palowski, AVP Bank of America Name of Person Signing	June 11, 2005.  Date  Date  Total number of pages including diger  sheet, attachments, and document:	

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5. Name & address of party to whom correspondence concerning document should be malled:	5. Total number of applications and registrations involved:	
Name: Carestraam Health, Inc. Internal Address: Attn: M.A. Muldoon Street Address: 150 Verona Street	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$25,00  Authorized to be charged by credit card  Authorized to be charged to deposit account  Enclosed	
Oity: Rochester  State: New York Zip: 14608  Phone Number: 585-724-7580  Fax Number: 585-724-1234  Einail Address:	8. Payment Information:  a. Credit Card Last 4 Numbers Expiration Date  b. Deposit Account Number  Authorized User Name	
9. Signature  Signature  Lucille J. Palowski, AVP Bank of America  Name of Person Signing	June 11, 2007 Date A Page 1, N.A. Total number of pages including order Sheet, attachments, and documents.	



July 12, 2007

PracticeWorks, Inc.
Softdent, LLC
PracticeWorks Systems, LLC

Re: Paid ID#372650

Dear Sir or Madam:

Please be advised that research has shown there exists no debt owed by PracticeWorks, Inc., Softdent, LLC, PracticeWorks Systems, LLC under commercial loan dated July 21, 2003 to Bank of America, N.A.

The collateral securing the Credit Agreement is hereby released.

The releases are for the trademarks as follows:

PracticeWorks, Inc.

THE IMAGE STANDARD FOR DENTISTRY - Serial No. 75769444/Registration No. 2464624 PRACTICEWORKS SITEBUILDER - Serial No. 76211656/Registration No. 2875211

Softdent, LLC

INFOSOFT - Serial No. 73832819/Registration No. 1607310 SOFTCHART - Serial No. 74736734/Registration No. 2045075 SOFTDENT - Serial No. 7377965/Registration No. 1561967

PracticeWorks Systems, LLC

INTELLIDENT - Serial No. 75348495/Registration No. 2240346
PRACTICE OUTLOOK - Serial No. 73725271/ Registration No. 1536188
PRACTICETOGO - Serial No. 76142683/Registration No. 2721981
PRACTICEWORKS - Serial No. 76125012/Registration No. 2605605
PRACTICEWORKS OFFICE - Serial No. 76171496/Registration No. 2605712
WINOMS - Serial No. 74488244/Registration No. 1947961

Should you have any questions concerning the above, I may be contacted at (860) 409-5897.

Lucille J. Palowski

Sinecrety;

Assistant Vice President Mailcode CT2-515-BB-11 70 Batterson Park Road Farmington, CT 06032

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