Email Address: 9. Signature:

07-13	
Omm PT-0-1594 (Rev. 07/05) MB Collection 0651-0027 (exp. 6/30/20 F 10342 To the Director of the U.S. Patent and Trademark Office: Please	U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark Office 25937 se record the attached documents or the new address(es) below.
Bank of America, N.A. 1231 S. LaSalle Street Chicago, IL 06097 Individual(s) Association General Partnership Limited Partnership Corporation- State: Other National Banking Association Citizenship (see guidelines) none	2. Name and address of receiving party(les) Additional names, addresses, or citizenship attached? No Name: Soft Denty Lesson No Name: Soft Denty Lesson No No Name: Soft Denty Lesson No No No Name: Soft Denty Lesson No No No No No No No No No
Additional names of conveying parties stlached? 🔲 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 4. Application number(s) or registration number(s) and A. Trademark Application No.(s)	General Partnership Citizenship
73832819 C. Identification or Description of Trademark(s) (and Filing	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 mailed: Name: Carestream Health, Inc.	6. Total number of applications and registrations involved:
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
City: Rochester State: New York Zip: 14608 Phone Number: 585-724-7580	8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number
Fay Number: 585-724-1234	P. Pehosit vocalit idailibet

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

Signature

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

Name of Person Signing

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2007-

Date

June 11,

Total number of pages including aver sheet, attachments, and document:

000-000-00000 Form PTO-1594 (Rev. 07/05) U.S. DÉPARTMENT OF COMMERCE United States Patent and Trademark Office OMB Collection 0651-0027 (exp. 6/30/2008) RECORDATION FORM COVER SHEET TRADEMARKS ONLY To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below. 1. Name of conveying party(ies): 2. Name and address of receiving party(ies) Bank of America, N.A. Additional names, addresses, or citizenship attached? 1231 S. LaSalle Street Softdent, LLC Chicago, IL 06097 Name: Internal Individual(s) Association Address: General Partnership Limited Partnership 1765 The Exchange Street Address: ___ Corporation- State:_ Atlanta City: Other National Banking Association State: Georgia Citizenship (see guidelines)____ Country:__ USA Zip: 30339 Additional names of conveying parties attached? Yes 🔀 No Association Citizenship ___ General Partnership Citizenship 3. Nature of conveyance //Execution Date(s) : Limited Partnership Citizenship Georgia Execution Date(s) 6/11/07 Corporation Citizenship_ Assignment Merger Other_ Citizenship Security Agreement L Change of Name If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No Other Release of Security Lien (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.(6) B. Trademark Registration No.(s) 204507 Additional sheet(s) attached? Yes 2 No C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): Name & address of party to whom correspondence 6. Total number of applications and concerning document should be mailed: registrations involved: Name: Carestream Health, Inc. Internal Address: Attn: M.A. Huldoon 7. Total fee (37 CFR 2.6(b)(6) & 3.41) 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 Phone Number: _ 585-724-7580 **Expiration Date** Fax Number: b. Deposit Account Number 585-724-1234 Email Address. Authorized User Name _ 9. Signature: June 11, 2007 Signature

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Name of Person Signing

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To the Director of the U.S. Patent and Trademark Office: Plea	se record the attached documents or the new address(es) below.
1. Name of conveying party(les): Bank of America, N.A. 1231 S. LaSalle Street	2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached? No
Chicago, IL 06097 Individual(s) General Partnership Limited Partnership	Name: Softdent, LLC internal Address: 1765 The Exchange
Corporation- State: Other National Banking Association	City: Atlanta State: Georgia
Citizenship (see guidelines) none Additional names of conveying parties attached? Yes No	Country: USA Zip: 30339 Association Citizenship General Partnership Citizenship Limited Partnership Citizenship Georgia
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	Corporation Citizenship Citizenship If assignee is not domiciled in the United States, a domestic representative designation is attached: (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)
C. Identification or Description of Trademark(s) (and Filing	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 mailed: 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) \$25.00 Authorized to be charged by credit card Authorized to be charged to deposit account Tile Enclosed
City: Rochester	8. Payment Information:
State: New York Zip: 14608 Phone Number: 585-724-7580 Fax Number: 585-724-1234 Email Address:	a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number
9. Signature:	Authorized User Name June 11, 2007
Signature Lucille J. Palowski, AVP Bank of America, Name of Person Signing	N.A. Total number of pages including cover sheet, attachments, and pocument:

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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 colluteral 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.

Sinecrety, ...

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

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