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07-07-1999




Atty. Docket No.: 825-152P

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RECORDATION FORM COVER SHEET

To the Honorable Commissioner of Patents and Trademarks:
Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): Michael FOKINE Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies) Name: AKTIEBOLAGET IOF INSTITUTET FOR OPTISK FORSKNING Internal Address: Street Address: Electrum 236 134 40 City: Kista State: ZIP: Country: Sweden Postal Code: Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: June 16, 1999			
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: A. Patent Application No(s). 09/254,930 B. Patent No.(s). Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Name and address of party to whom correspondence concerning document should be mailed: Name: BIRCH, STEWART, KOLASCH & BIRCH, LLP Street Address: P.O. BOX 747 City: FALLS CHURCH State: VA ZIP: 22040-0747 Country: USA		6. Total No. of applications/patents involved: one (1) 7. Total fee (37 C.F.R. § 3.41): \$40.00 <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: 02-2448 (Attach triplicate copy of this page if paying by deposit account)	
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9. Statement and signature. <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i> C. Joseph Faraci, #32,350 Name of Person Signing/Reg. No.  Signature July 2, 1999 Date			
Total number of pages including cover sheet, attachments, and document: three (3)			

Mail documents to be recorded with required cover sheet information to:
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PATENT
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BIRCH, STEWART, KOLASCH & BIRCH, LLP**UNITED STATES PATENT RIGHTS, OR
UNITED STATES PLUS ALL FOREIGN PATENT RIGHTS****ATTORNEY DOCKET NO.
825-152P****ASSIGNMENT**Application No. 09/254,930Filed 3/16/99**Insert Name(s)
of Inventor(s)****WHEREAS, Michael FOKINE**

(hereinafter designated as the undersigned) has (have) invented certain new and useful improvements in _____

**Insert Title
of Invention****OPTICAL MEANS**

for which an application for Letters Patent of the United States of America has been executed by the undersigned (except in the case of a provisional application).

**Insert Date
of Signing of
Application****on June 16, 1999; and****Insert Name
of Assignee****WHEREAS, AKTIEBOLAGET IOF, INSTITUTET FOR OPTISK****FORSKNING****Insert Address
of Assignee****of Lindstedtsvagen 24 3tr S 100 44 Stockholm Sweden****Electrum 236 134 40 Kista**

its heirs, successors, legal representatives and assigns (hereinafter designated as the Assignee) is desirous of acquiring the entire right, title and interest in and to said invention and in and to any Letters Patent(s) that may be granted therefor in the United States of America and

**CHECK BOX
IF APPROPRIATE****☐ in any and all foreign countries.**

NOW, THEREFORE, in consideration of the sum of Ten Dollars (\$10.00) to the undersigned in hand paid, the receipt of which is hereby acknowledged, and other good and valuable consideration, the undersigned has (have) sold, assigned and transferred, and by these presents does sell, assign and transfer unto said Assignee the full and exclusive right to the said invention in the United States of America, its territories, dependencies and possessions and the entire right, title and interest in and to any and all Letters Patent(s) which may be granted therefor in the United States of America, its territories, dependencies and possessions, and if the box above is designated, in any and all foreign countries;

and to any and all divisions, reissues, continuations, conversions and extensions thereof for the full term or terms for which the same may be granted.

I hereby appoint the following attorneys to prosecute this application and/or a international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

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P.O. Box 747 • Falls Church, Virginia 22040-0747
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PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or
Sole Inventor
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship


Insert Post Office
Address

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Michael	FOKINE		
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* DATE OF SIGNATURE