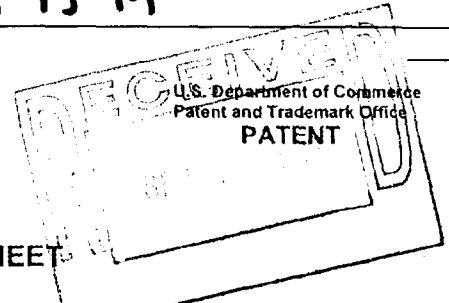


9-13-99

FORM PTO-1619A
Expires 06/30/99
OMB 0651-0027

09-15-1999



101145292
RECORDATION FORM COVER SHEET
PATENTS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New

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Document ID#

Correction of PTO Error
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Reel # Frame #

Conveyance Type

Assignment Security Agreement

License Change of Name **5799025**

Merger Other **Judgment Lien**

U.S. Government
(For Use ONLY by U.S. Government Agencies)

Departmental File Secret File

Conveying Party(ies)

Mark if additional names of conveying parties attached Execution Date
Month Day Year

Name (line 1) **Novatec Laser Systems, Inc.** Execution Date **090899**

Name (line 2) **a California corporation**

Second Party

Name (line 1) Execution Date Month Day Year

Name (line 2)

Receiving Party

Mark if additional names of receiving parties attached

Name (line 1) **Bowman Gray School of Medicine, The** If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Name (line 2) **Wake Forest University**

Address (line 1) **Bowman Gray Campus Medical Center Blvd.**

Address (line 2)

Address (line 3) **Winston-Salem** **NC** **27157**
City State/Country Zip Code

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

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09/15/1999 MTHA11 00000036 5799025

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Correspondent Name and Address Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

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Pages Enter the total number of pages of the attached conveyance document including any attachments. #

Application Number(s) or Patent Number(s) Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)			Patent Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="5799025"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number PCT PCT

only if a U.S. Application Number PCT PCT PCT has not been assigned.

Number of Properties Enter the total number of properties involved. #

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

Deposit Account


(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes No

Statement and Signature

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. Charges to deposit account are authorized, as indicated herein.

DAVID J. BARNIER, ESQ.  9/8/99

Name of Person Signing Signature Date

92/7/10142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):
 Recording requested by and return to: (619) 682-4040
 ELIZABETH A. WALTERS, ESQ. (#139185)
 BARKER THOMAS & WALTERS
 1455 Frazee Road, Suite 800
 San Diego, CA 92108
 ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

TELEPHONE NO.:

FOR RECORDER'S USE ONLY

2838

NAME OF COURT: SUPERIOR COURT OF SAN DIEGO
 STREET ADDRESS: 325 S. MELROSE
 MAILING ADDRESS:
 CITY AND ZIP CODE: VISTA, CA 92083-6627
 BRANCH NAME: NORTH COUNTY BRANCH

PLAINTIFF: THE BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE
 FOREST UNIVERSITY
 DEFENDANT: NOVATEC LASER SYSTEMS, INC.

CASE NUMBER: 100748
 092 Abstract
 N080.748

ABSTRACT OF JUDGMENT

FOR COURT USE ONLY

1. The judgment creditor assignee of record applies for an abstract of judgment and represents the following:

a. Judgment debtor's
 Name and last known address
 NOVATEC LASER SYSTEMS, INC.
 2237 FARADAY AVENUE
 CARLSBAD, CA 92008

b. Driver's license No. and state: Unknown
 c. Social Security No.: Unknown
 d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):
 NOVATEC LASER SYSTEMS, INC.
 c/o PAUL KREUTZ, ESQ. GRAY, CARY, WARE & FREIDENRICH
 4365 Executive Drive, Suite 1600, San Diego, CA 92121

e. Additional judgment debtors are shown on reverse.

Date: April 20, 1999
 ELIZABETH A. WALTERS, ESQ.
 (TYPE OR PRINT NAME)

Elizabeth Walters
 (SIGNATURE OF APPLICANT OR ATTORNEY)

2. a. I certify that the following is a true and correct abstract of the judgment entered in this action.
 b. A certified copy of the judgment is attached.

3. Judgment creditor (name):
 whose address appears on this form above the court's name.

4. Judgment debtor (full name as it appears in judgment):
 NOVATEC LASER SYSTEMS, INC.

6. Total amount of judgment as entered or last renewed:
 \$ 200,191.00

7. An execution attachment lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):

[SEAL]

5. a. Judgment entered on (date): 3/08/1999
 b. Renewal entered on (date):
 c. Renewal entered on (date):

8. A stay of enforcement has
 a. not been ordered by the court.
 b. been ordered by the court effective until (date):

9. This judgment is an installment judgment.

This abstract issued on (date): MAY 03 1999
 Clerk, by *J. Principe*, Deputy

PLAINTIFF: THE BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE
FOREST UNIVERSITY
DEFENDANT: NOVATEC LASER SYSTEMS, INC.

CASE NUMBER:

N080748

2839

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS

10. Name and last known address

Driver's license No. & state: Unknown
Social Security No.: Unknown
Summons was personally served at or mailed to (address):

14. Name and last known address

Driver's license No. & state: Unknown
Social Security No.: Unknown
Summons was personally served at or mailed to (address):

11. Name and last known address

Driver's license No. & state: Unknown
Social Security No.: Unknown
Summons was personally served at or mailed to (address):

15. Name and last known address

Driver's license No. & state: Unknown
Social Security No.: Unknown
Summons was personally served at or mailed to (address):

12. Name and last known address

Driver's license No. & state: Unknown
Social Security No.: Unknown
Summons was personally served at or mailed to (address):

16. Name and last known address

Driver's license No. & state: Unknown
Social Security No.: Unknown
Summons was personally served at or mailed to (address):

13. Name and last known address

Driver's license No. & state: Unknown
Social Security No.: Unknown
Summons was personally served at or mailed to (address):

17. Name and last known address

Driver's license No. & state: Unknown
Social Security No.: Unknown
Summons was personally served at or mailed to (address):

18. Continued on attachment 18.