

MRO 10/29/99

128

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

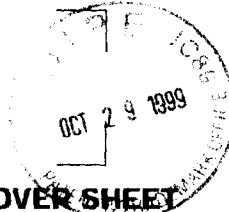
11-02-1999



101186926

COVER SHEET

U.S. Department of Commerce
Patent and Trademark Office
PATENT



PATENTS ONLY

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

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID#
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment
 - License
 - Merger
 - Security Agreement
 - Change of Name
 - Other
- 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

Name (line 1) Execution Date Month Day Year

Name (line 2)

Second Party

Name (line 1)

Name (line 2)

Execution Date Month Day Year

Receiving Party

Mark if additional names of receiving parties attached

Name (line 1) 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)

Address (line 1)

Address (line 2)

Address (line 3)
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)

11/01/1999 NTHA11 00000235 4548207

FOR OFFICE USE ONLY

01 FC:561

280.00 (P)

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

PATENT
REEL: 010340 FRAME: 0431

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

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="4,548,207"/>	<input type="text" value="5,009,656"/>	<input type="text" value="5,165,415"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="4,747,296"/>	<input type="text" value="5,121,981"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="4,817,432"/>	<input type="text" value="Des. 298,856"/>	<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.

Patent Cooperation Treaty (PCT)

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

PCT PCT PCT
PCT PCT PCT

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

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

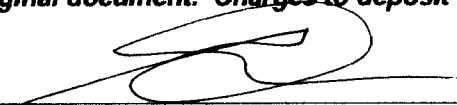
Deposit Account Number: #

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.

Robert H. Epstein
Name of Person Signing


Signature

10/29/99
Date

ASSIGNMENT

WHEREAS, Mentor Ophthalmics, Inc. (hereinafter referred to as "Assignor"), a corporation duly organized and existing under the laws of the State of Massachusetts, located and having a principal place of business at 201 Mentor Drive, Santa Barbara, CA 93111, is the owner of certain new and useful inventions and United States Letters Patents therefor as identified on Schedule I attached hereto; and

WHEREAS, Xomed, Inc. (hereinafter referred to as "Assignee"), a corporation duly organized and existing under the laws of the State of Delaware, having a principal place of business at 6743 Southpoint Drive North, Jacksonville, Florida 32216-0980, is desirous of acquiring the entire right, title and interest in and to said inventions and said Letters Patents as identified on Schedule I attached hereto.

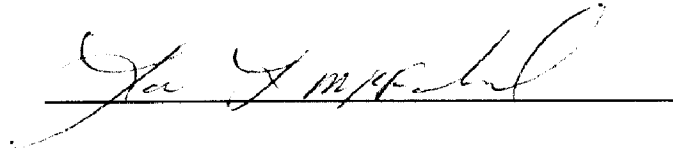
NOW THEREFORE, in consideration of the sum of Ten Dollars (\$10.00), and other good and valuable consideration, the receipt of which is hereby acknowledged, Assignor hereby sells and assigns to Assignee, the entire right, title and interest in and to said inventions, said Letters Patents, all other patents which may be granted therefor and all divisions, reissues, substitutions, continuations, reexaminations and extensions thereof.

Assignor hereby further agrees that Assignor, at Assignee's sole cost and expense, will (i) communicate to Assignee or to Assignee's successors, assigns and legal representatives, any facts known to Assignor respecting any of said inventions and (ii) generally do everything reasonably possible to aid Assignee, Assignee's successors,

assigns and nominees to obtain and enforce proper patent protection for said inventions.

Signed and sealed this 4th day of October, 1999.

MENTOR OPHTHALMICS, INC.



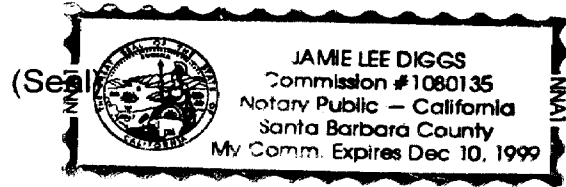
Assignment
U.S. Letters Patents

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

On 10/4/99, 1999 before me, Jamie Lee Diggs [insert name], a Notary Public, personally appeared Loren L. McFarland, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Jamie Lee Diggs



Schedule I

Patent No.	Title	Inventor Name
4,548,207	Disposable Coagulator	Reimels
4,747,296	Hand Held Self Contained Electric Tonometer	Feldon et al
4,817,432	Digital Ultrasonic Instrument for Ophthalmic Use	Wallace et al
5,009,656	Bipolar Electrosurgical Instrument	Reimels
5,121,981	Visual Acuity Tester	Waltuck et al
5,165,415	Self Contained Hand held Ultrasonic Instrument for Ophthalmic Use	Wallace et al
D 298,856	Ophthalmic Instrument	Feldon et al