FORM PTO- Expires 06/30/99 OMB 0651-0027	1619A OIPE		04-25-20			U.S. Department of Commerce Patent and Trademark Office PATENT
TO: The Comm Submission	MADEM MAT	2.2	10168659 TION FORM PATENTS C is: Please record Conveyance	COVER SHEE DNLY the attached orig		ent(s) or copy(ies).
New	ssion (Non-Recordation).01)	Assignmer	nt Secu	urity Agreen	
Reel #	n of PTO Error Frame # <u>e Document</u> Frame #		(F	U.S. Gov U.S. Gov For Use ONLY by U.S. Departmental F	Government A	^{gencies)} Secret File
Conveying F Name (line 1) [Name (line 2) [Second Party Name (line 1) [Dr. Shane DUNNE Dr. Steven		Mark if addit	onal names of conv	veying parties	attached Execution Date <u>Month Day Year</u> Execution Date <u>Month Day Year</u>
Name (line 2) Receiving Pa Name (line 1) Name (line 2)	CHARLES arty OTI Ophthalm	ic Tech	nologies, I		I names of rec	ceiving parties attached If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic
Address (line 1) [Address (line 2) [Address (line 3) [37 Kodiak Cr Downsview	escent,	· · · · · · · · · · · · · · · · · · ·	ANADA	M3J 3 Zip Cod	representative is attached. (Designation must be a separate document from Assignment.) E 5
Name	epresentative Nam	ne and Ad	dress _{Er}	nter for the first Rec	eiving Party o	nly.
Address (line 1)						
Address (line 3) [Address (line 4) [23/2001 AWONDAF1 0	00000038 09768821	FC	DR OFFICE USE O	NLY		
FC:581 Public burden reporting gathering the data neer D C 20231 and to the C	40.00 DP g for this collection of information in ded to complete the Cover Sheet. S	iend comments reg Affairs, Office of M and Trademark As be recorded	parding this burden estimat Management and Budget, Po ssignment Practice. DO NC d with required CO	e to the U.S. Patent and Ti aperwork Reduction Proje T SEND REQUESTS TO R ver sheet(s) infoi ignments , Wash	rademark Office, C ect (0651-0027), Wa ECORD ASSIGNM rmation to: hington, D.C. PA	LENT DOCUMENTS TO THIS ADDRESS.

FORM PTO-1619B Expires 06/30/99 OMB 0651-0027	Page 2	U.S. Department of Commerce Patent and Trademark Office PATENT		
Correspondent Name and Address	Area Code and Telephone Number	(905) 272-2252		
NameMarks & Clerk (M	ississauga)			
Address (line 1) 350 Burnhamthorpe	Road West			
Address (line 2) Suite # 402				
Address (line 3) Mississauga, Onta	rio			
Address (line 4) CANADA L5B 3J1				
Pages Enter the total number of paging including any attachments.	es of the attached conveyance docum	# 3		
Application Number(s) or Patent Num	ber(s) Mark if a	idditional numbers attached		
Enter either the Patent Application Number or the Pa				
Patent Application Number(s)		Number(s)		
09/768,821				
If this document is being filed together with a new Paten signed by the first named executing inventor.	t Application, enter the date the patent application	n was Month Day Year		
Patent Cooperation Treaty (PCT)				
Enter PCT application number	PCT PCT			
only if a U.S. Application Number has not been assigned.	РСТ РСТ	PCT		
Number of Properties Enter the total number of properties involved. #				
Fee Amount Fee Amount fo	or Properties Listed (37 CFR 3.41): \$	40.00		
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: # 08-2040				
Αι	thorization 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.				
Donald E. HEWSON	CRAmo-	Davil 17 2001		
Name of Person Signing	Signature	Date		

PATENT REEL: 011703 FRAME: 0387

ASSIGNMENT

We, (1) DUNNE, Shane (Dr.); and (2) CHARLES, Steven (Dr.)

whose full postal addresses are:

1) 95 Michael Grass Crescent, Kingston, Ontario, CANADA 7M 2W2; and

2) 3220 Germanton, Tennessee, USA 38138

in consideration of US\$10.00, receipt of which is hereby acknowledged, do hereby sell and assign unto:

OTI Ophthalmic Technologies Inc. 37 Kodiak Crescent, Unit # 16 Downsview, Ontario CANADA M3J 3E5

all of our interest in the United States, Canada, and all other jurisdictions in which a patent might be issued, in and to our invention relating to:

SPIRAL SCANNER WITH ELECTRONIC CONTROL

as fully described and claimed in our United States application for a patent for such an invention, Serial No. "unknown" filed January 25, 2001; and to all our corresponding right, title and interest in and to any corresponding patent which may issue therefor in the United States, Canada, or any other jurisdiction in which a patent might be issued; and

We do hereby sell and assign to the said Assignee all our right, title, and interest, including the right to sue for damages and other remedies in respect of any infringement of the patent(s) which may have occurred prior to the date hereof, in and to any corresponding patent which may issue therefor in the United States, Canada, or any other jurisdiction in which a patent might be issued, the same to be held to the full end of the term for which the said Letters Patent are granted, as fully and entirely as the same could have been hld and enjoyed by us if this Assignment and sale had not been made.

(1)

Signature of Witness

Typed/printed name of Witness

Shaw Dunne

Signature of Dr. Shane DUNNE

SIGNED AT	: KIN	KINGSTON)	CANADA
		city	province/state		
this <u>19771</u> day	day of _	FEBRUARY	,	20 <u>∂ι</u> . _{year}	

PATENT REEL: 011703 FRAME: 0388

(2)	(
Signature of Witness	B. Linu, 1/e		Steven T. Charles Signature of Dr. Steven CHARLES
Jeann Typed/printed name of W	eB. Linville	<u>~</u>	
SIGNED AT :	Nemphis	province/state	US 17
this	day of	$\frac{Q(f(f))}{f(f)}$, $20 \frac{C}{year}$	<u>-</u>
***** (1)	DECLARATIO	N OF WITNESS	
I, <u>THO</u>	Typed/printed name of Witness		
of	KINGSTON/ city	ONTARIO province/state	cANADA country
	t I was personally present and d the Assignors named above, o		
SIGNED AT :	<u>KING-STON</u> city	ONTARIC province/state	CANADA country
this <u>19 IH</u> day	day of	, 20 year	
THOMAS	SMALBECK	and the second s	the

Typed/printed name of Witness

ī

Signature of Witness

(2)



hereby declare that I was personally present and did see **DR. STEVEN CHARLES** who is personally known to me to be one of the Assignors named above, duly sign and execute the same.



ACKNOWLEDGEMENT

The above named Assignee hereby acknowledges this assignment.

OTI OPHTHALMIC TECHNOLOGIES, INC.

hallow

Signature of Authorized Signing Officer

SMALBECK THOMAS

Typed/printed name of Witness

Signature of Witness

Dr. Shane DUNNE Typed/printed name of Authorized Signing Officer

Vice-President, Research & Development Title of Authorized Signing Officer

> PATENT REEL: 011703 FRAME: 0390

RECORDED: 04/20/2001