

07-25-2003

U.S. PTO
10/610531
07/02/03

Form PTO-1595 (Rev. 10/02)
 OMB No. 0651-0027 (exp. 6/30/2005)
 Tab settings

102507274

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

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

1. Name of conveying party(ies):
 Gunnar Myhr 7-2-03

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
 Name: CancerCure AS
 Internal Address: _____

 Street Address: Voll Terrasse 31
N-1358 Jar Norway
 City: _____ State: _____ Zip: _____

Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: 06/27/2003

4. Application number(s) or patent number(s): 10610531
 If this document is being filed together with a new application, the execution date of the application is: 06/27/2003

A. Patent Application No.(s) for Therapeutic probe, method and system
 B. Patent No.(s) _____

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: Christian D. Abel c/o Onsagers AS
 Internal Address: _____

 Street Address: Postboks 6963 St. Olavs Plass
N-0130 OSLO, Norway
 City: _____ State: _____ Zip: _____

6. Total number of applications and patents involved:

7. Total fee (37 CFR 3.41).....\$ 40
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
501898

DO NOT USE THIS SPACE

9. Signature.
 Christian D. Abel 43,455 _____
 Name of Person Signing Signature Date
July 1, 2003

Total number of pages including cover sheet, attachments, and documents:

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

07/24/2003 00:00:00 00000000 10610531
 02 02:00:00 10.00 00

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ASSIGNMENT OF APPLICATION

Docket Number (Optional)

115321 Can2 US

Whereas, I/We, Gunnar Myhr of Jar, Norway hereafter referred to as applicant, have invented certain new and useful improvements in THERAPEUTIC PROBE, METHOD AND SYSTEM

for which an application for a United States Patent was filed on _____ Application Number _____/_____.

for which an application for a United States Patent was executed on _____, and

Whereas, CancerCure AS of Jar, Norway herein referred to "assignee" whose mailing address is Voll Terrasse 3T, N-1358 Jar is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of Ten dollars (\$ 10.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States, I/We hereby authorize and request the Commissioner of Patent and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 27 day of June, 2003 at Oslo, Norway

State of _____)

County of _____)

SS:

Before me personally appeared said _____

and acknowledged the foregoing instrument to be his free act and deed this _____

day of _____, 20 _____.

Seal

(Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

* Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents and Trademarks, Washington, DC 20231.