


Form PTO-1595 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings		RECORDATION FORM COVER SHEET PATENTS ONLY		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): Victor PREVIN Alexei TIKHOMIROV Dmitri FEKLISTOV Malcolm PLUNKETT 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: Ellex Medical Pty, Ltd. Internal Address: _____ _____ _____ Street Address: 82 Gilbert Street Adelaide, South Australia 5000, Australia City: _____ State: _____ Zip: _____ 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 _____ October 15, 2003 Execution Date: _____		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) 10/474,761 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: Mark Montague Internal Address: Cowan, Liebowitz & Latman, P.C. _____ _____ Street Address: 1133 Avenue of Americas _____ City: New York State: NY Zip: 10036		6. Total number of applications and patents involved: <input type="checkbox"/> 7. Total fee (37 CFR 3.41).....\$ 40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: 03-3415			
DO NOT USE THIS SPACE					
9. Signature. Mark Montague Name of Person Signing  Signature 3/22/04 Date Total number of pages including cover sheet, attachments, and documents: <input type="checkbox"/> 3					

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

CH \$40.00 033415 10474761

**ASSIGNMENT OF APPLICATION**

Docket Number (Optional)

Whereas, we, whose names and addresses appears below, hereafter referred to as applicants, have invented certain new and useful improvements in an invention entitled

**OPHTHALMIC LASER SYSTEM**

☒ for which a United States patent application was filed on OCT. 9, 2003  
Application Number 10/474,761

☐ for which an application for a United States Patent was executed on \_\_\_\_\_, and

Whereas, **ELLEX MEDICAL PTY LTD** herein referred to as assignee whose post office address is **82 GILBERT STREET, ADELAIDE, SOUTH AUSTRALIA, 5000, AUSTRALIA** is desirous of acquiring the entire right, title and interest in the same;

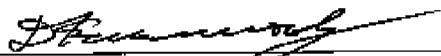
Now, therefore, for good and valuable consideration, the receipt whereof is acknowledged, we, the applicants, by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States, we hereby authorize and request the Commissioner of Patents and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in the same, for its sole use and benefit; and for the use and benefit of its 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 us had this assignment and sale not been made.

Executed this 15TH day of OCTOBER, 2003  
at (city, county) ADELAIDE, AUSTRALIA

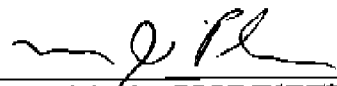



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