: 03-01) I No. 0551-0027 (exp.5/31/2002)	01-09-	2004	Patent and Trad
VREV03			_
ab settings → → ▼ To the Director of the United St		1071 attache	ed original documents or copy the
Name of conveying party(ies):	ates F 10264	2. Name and address of	
·lain	ul .	At Ow I a-Ow I f	of receiving party(les):
Wizcare Ltd.		Name: Or-Le-Or Lt	
		Address: City Cente	
dditional names(s) of conveying party(i	es) 🔲 Yes 🗵 No	6 Ben-Gurion Boulev	ard <u>(१५ ८)</u>
Nature of conveyance:			
☑ Assignment	☐ Merger		
☐ Security Agreement	☐ Change of Name	City: Haifa	State/Prov.:
☐ Other		Country: Israel	ZIP: 35414
xecution Date: November 18, 20	003	Additional name(s) & addre	ss(es) ☐ Yes ⊠
	•		
Application number(s) or patent		. "	- W. W. S
If this document is being filed to	ogether with a new applicat		
Patent Application No. Filing date		B. Patent No.(s)	
	Additional number	ers Yes 🛭 No	
Name and address of party to v	whom correspondence		lications and patents involved
Name and address of party to viconcerning document should be name: William H. Dippert, Est	whom correspondence e mailed:	6. Total number of app	
concerning document should be Name: William H. Dippert, Es	whom correspondence e mailed:	6. Total number of app 7. Total fee (37 CFR 3.	.41):\$ 40.00
Name: William H. Dippert, Es	whom correspondence e mailed:	6. Total number of app 7. Total fee (37 CFR 3.	
Name: William H. Dippert, Ess Registration No. 26,723 Address: Reed Smith LLP	whom correspondence e mailed: q.	6. Total number of app 7. Total fee (37 CFR 3 Enclosed - Any or credited or debit	.41):\$ <u>40.00</u> excess or insufficiency should
Concerning document should be Name: William H. Dippert, Ess Registration No. 26,723 Address: Reed Smith LLP	whom correspondence e mailed: q.	6. Total number of app 7. Total fee (37 CFR 3 Enclosed - Any or credited or debit	excess or insufficiency should ted to deposit account echarged to deposit account
Name: William H. Dippert, Ess Registration No. 26,723 Address: Reed Smith LLP	whom correspondence e mailed: q.	6. Total number of app 7. Total fee (37 CFR 3 Enclosed - Any or credited or debit	excess or insufficiency should ted to deposit account echarged to deposit account
concerning document should be Name: William H. Dippert, Est Registration No. 26,723 Address: Reed Smith LLP 599 Lexington Avenue, 29th Floor City: New York	whom correspondence e mailed: q.	6. Total number of app 7. Total fee (37 CFR 3. Enclosed - Any or credited or debit Authorized to be 8. Deposit account num 03-3419	excess or insufficiency should ted to deposit account echarged to deposit account
concerning document should be Name: William H. Dippert, Est Registration No. 26,723 Address: Reed Smith LLP 599 Lexington Avenue, 29th Floor	whom correspondence e mailed: q. State/Prov.: NY ZIP: 10022-7650	6. Total number of app 7. Total fee (37 CFR 3. Enclosed - Any or credited or debit Authorized to be 8. Deposit account num 03-3419	excess or insufficiency should be to deposit account charged to deposit account mber:
concerning document should be Name: William H. Dippert, Est Registration No. 26,723 Address: Reed Smith LLP 599 Lexington Avenue, 29th Floor City: New York Country: USA Statement and signature.	whom correspondence e mailed: q. State/Prov.: NY ZIP: 10022-7650	6. Total number of app 7. Total fee (37 CFR 3. Enclosed - Any or credited or debit Authorized to be 8. Deposit account num 03-3419 (Attach duplicate copy	excess or insufficiency should be to deposit account charged to deposit account mber:
concerning document should be Name: William H. Dippert, Est Registration No. 26,723 Address: Reed Smith LLP 599 Lexington Avenue, 29th Floor City: New York Country: USA	whom correspondence e mailed: q. State/Prov.: NY ZIP: 10022-7650	6. Total number of app 7. Total fee (37 CFR 3. Enclosed - Any or credited or debit Authorized to be 8. Deposit account num 03-3419 (Attach duplicate copy	excess or insufficiency should be to deposit account charged to deposit account mber:
City: New York Country: USA Statement and signature. To the best of my knowledge a	whom correspondence e mailed: 9. State/Prov.: NY ZIP: 10022-7650	6. Total number of app 7. Total fee (37 CFR 3. Enclosed - Any or credited or debit Authorized to be 8. Deposit account num 03-3419 (Attach duplicate copy	excess or insufficiency should be to deposit account charged to deposit account mber:
City: New York Country: USA Statement and signature. To the best of my knowledge a of the original document.	whom correspondence e mailed: q. State/Prov.: NY ZIP: 10022-7650 pand belief, the foregoing info	6. Total number of app 7. Total fee (37 CFR 3. Enclosed - Any or credited or debit Authorized to be 8. Deposit account num 03-3419 (Attach duplicate copy O NOT USE THIS Domation is true and correct and signature	excess or insufficiency should ted to deposit account e charged to deposit account mber: of this page if paying by deposit account and any attached copy is a true
City: New York Country: USA Statement and signature. To the best of my knowledge a of the original document. Maier FENSTER, Reg. No. 41,	whom correspondence e mailed: q. State/Prov.: NY ZIP: 10022-7650 pand belief, the foregoing info	6. Total number of app 7. Total fee (37 CFR 3. Enclosed - Any or credited or debit Authorized to be 8. Deposit account num 03-3419 (Attach duplicate copy O NOT USE THIS Domation is true and correct and cover sheet, attachments, and distinct of the contract of the cover sheet attachments, and distinct of the cover sheet attachments.	excess or insufficiency should ted to deposit account e charged to deposit account mber: of this page if paying by deposit account and any attached copy is a true. January 8, 2004
City: New York Country: USA Statement and signature. To the best of my knowledge a of the original document. Maier FENSTER, Reg. No. 41, Name of Person Signin	whom correspondence e mailed: q. State/Prov.: NY ZIP: 10022-7650 Dination of pages including Mail documents to be recorde Mail Stop Assign Director of the United Sign	6. Total number of app 7. Total fee (37 CFR 3. Enclosed - Any or credited or debit Authorized to be 8. Deposit account num 03-3419 (Attach duplicate copy O NOT USE THIS Domation is true and correct and source of the company of the correct of the company of the correct	excess or insufficiency should ted to deposit account e charged to deposit account mber: of this page if paying by deposit account and any attached copy is a true. January 8, 2004

PATENT REEL: 014860 FRAME: 0015

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned

Wizcare Ltd., P.O. Box 2054, Tirat-Hacarmel 39120, Israel, a company incorporated under the laws of the State of Israel

hereby sell(s), assign(s) and transfer(s) to

Ox-Le-Or Ltd., City Center, P. O. Box 18, 6 Ben-Gurion Boulevard 35414, Israel, a company incorporated under the laws of the State of Israel

(hereinafter called the "Assignee"), its successors, assigns, nominees or other legal representatives, the undersigned's entire right, title and interest in and to the invention(s) titled

Wrinkle Cream

described and claimed in

U.S. Patent Application No. 10/053,401 filed on November 9, 2001

and in and to said Patent Applications and all patent applications derived therefrom, and all original and reissued patents granted therefor, and any and all continuations and divisions thereof, including, but not limited to, any and all extensions, reexaminations, substitutes and renewals, and including the right to apply for and obtain patents in all other countries, the priority rights under International Conventions, and any and all Letters Patent which may be granted thereon; all rights to collect and retain all royalties and other considerations arising from said patent applications; and all rights to sue for past, present and future infringement; and the right to collect and retain all damages collected or awarded thereunder;

(I), (We)

warrantee that the undersigned have (has) the full right to convey the entire interest herein assigned;

(I), (We)

authorize and request the Commissioner of Patents and Trademarks, and any Official of any country whose duty it is to issue patents on applications as aforesaid, to issue said Letter's Patent to said Assignee; and

(I), (We)

agree to sign all lawful papers, make all rightful oaths, do all lawful acts requisite for such patent applications, and do everything possible to aid said Assignee to apply for, obtain and enforce patent protection for said invention(s).

Signed (mo/day/yr) /9/1/03 at (city) H/A/FA by 7/2

Yehuda DVIR, CEO

Wizcare Ltd.

RECORDED: 01/08/2004 REEL: 014860 FR

PATENT

REEL: 014860 FRAME: 0016