

Substitute Form PTO-1595

Attorney Docket Number: 04843/071003

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Date of Transmission: September 22, 2004

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RECORDATION FORM COVER SHEET
PATENTS ONLY

Please record the attached document.

<p>1. Names of all conveying parties:</p> <p>Martin H. Teicher Steven B. Lowen</p> <p>Additional names attached: NO</p>	<p>2. Names and addresses of all receiving parties:</p> <p>The McLean Hospital Corporation 115 Mill Street Belmont, MA 02478</p> <p>Additional names/addresses attached: NO</p>
<p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: _____</p> <p>Execution Date: 06/22/04</p>	
<p>4. Application numbers or patent numbers:</p> <p>A. Patent Application Number(s): 10/771,036</p>	<p>B. Patent Number(s):</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Paul T. Clark Reg. No. 30,162 Clark & Elbing LLP 101 Federal Street Boston, MA 02110 Customer No.: 21559</p>	<p>6. Total number of applications/patents involved: 1</p> <p>7. Total fee (37 C.F.R. § 3.41): 40.00 <input type="checkbox"/> Fee enclosed <input checked="" type="checkbox"/> Authorized to charge deposit account</p> <p>8. Deposit account number: 03-2095. If the fee above is being charged to deposit account, a duplicate copy of this cover sheet is attached. Please apply any additional charges, or any credits, to Deposit Account No. 03-2095.</p>

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9. Statement and signature: To the best of my knowledge and belief, the foregoing information is true and correct and the attached is the original document or a true copy thereof.

Paul T. Clark

Signature

Date

SPK, 22, 2004

CH \$40.00 032095 10771036

ASSIGNMENT

For valuable consideration, we,

Full Name of Assignor	City	State (and Country if not USA)
Martin H. Teicher	Rye	New Hampshire
Steven B. Lowen	Burlington	Massachusetts

hereby assign to

Full Name of Assignee	State of Incorporation	Business Address
The McLean Hospital Corporation	Massachusetts	115 Mill Street Belmont, MA 02478 USA

and to its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title, and interest throughout the world in the inventions and improvements which are subject of one or more applications for United States Patent signed by us, identified as:

Title of Application	Filing Date	Serial Number
METHOD FOR DETERMINING FLUCTUATION IN ATTENTIONAL STATE AND OVERALL ATTENTIONAL STATE	February 3, 2004	10/771,036

This assignment includes said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our names or in its own name for patents, utility models, design registrations, and like rights of exclusion, and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation, to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements, and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

IN WITNESS WHEREOF, I hereto set my hand and seal at Belmont, MA
this 22 day of June, 2004.

[Signature]

Martin H. Teicher L.S.

STATE OF MA :
COUNTY OF Middlesex : ss.

Before me this 22 day of June, 2004, personally appeared **Martin H. Teicher** known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.



[Signature]

Notary Public

My Commission Expires: **MY COMMISSION EXPIRES MARCH 22, 2007**

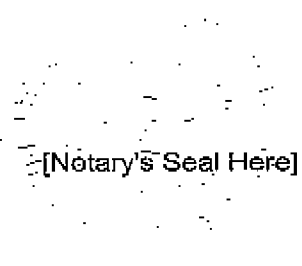
IN WITNESS WHEREOF, I hereto set my hand and seal at Belmont, MA
this 22 day of June, 2004.

[Signature]

Steven B. Lowen L.S.

STATE OF MA :
COUNTY OF Middlesex : ss.

Before me this 22 day of June, 2004, personally appeared **Steven B. Lowen** known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.



[Signature]

Notary Public

My Commission Expires: **MY COMMISSION EXPIRES MARCH 22, 2007**