
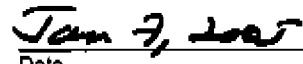


Substitute Form PTO-1595  
Attorney Docket No.: 00633-053001

## RECORDATION FORM COVER SHEET PATENTS ONLY

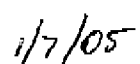

Commissioner for Patents: Please record the attached original document(s) or copy(ies).	
1. Name of conveying party(ies): Dimitri T. Azar Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Massachusetts Eye & Ear Infirmary 243 Charles Street Boston, MA 02114  Additional names/addresses 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:  Execution Date: 1/3/2005	
4. Application number(s) or patent number(s): If this document is being filed with a new application, the execution date of the application is: A. Patent Application No(s): 10/895,504  B. Patent No(s):  Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name/address of party to whom correspondence concerning document should be mailed:  FAUSTINO A. LICHAUCO Fish & Richardson P.C. 225 Franklin Street Boston, MA 02110-2804	6. Total number of applications/patents involved: 1  7. Total fee (37 CFR §3.41): \$40 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to charge Deposit Account.  8. Deposit Account No.: 06-1050 Please apply any additional charges, or any credits, to our Deposit Account No. 06-1050.
DO NOT USE THIS SPACE	
9. Statement and Signature: <i>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.</i>	
Faustino A. Lichauco Reg. No. 41,942 Name of Person Signing	<div style="text-align: center;">           Signature       </div> <div style="text-align: center;">           Date       </div>
Total number of pages including coversheet, attachments and document: 4	

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### CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to the Patent and Trademark Office on the date indicated below.

 Date of Transmission	 Signature	Irja Zarembok Typed Name of Person Signing Certificate
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REEL: 015559 FRAME: 0798

Attorney Docket No: 00633-053001

ASSIGNMENT

For valuable consideration, I, DIMITRI T. AZAR of 271 Clinton Road, Brookline, MA 02445, hereby assign to:  
Massachusetts Eye & Ear Infirmary, a corporation of Massachusetts having a place of business at:

243 Charles Street  
Boston, MA 02114; and

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 an application for United States Patent signed by me, entitled VISION PROSTHESIS WITH ARTIFICIAL MUSCLE ACTUATOR, filed July 21, 2004, and assigned U.S. Serial Number 10/895,504; this assignment including 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 I authorize the Assignee to apply in all countries in my name 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 I agree for me and my 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.

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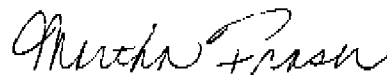
IN WITNESS WHEREOF, I hereto set my hand and seal at Mass Eye and Ear Infirmary  
this 3<sup>rd</sup> day of January, 2005  
Dimitri T. Azar L.S.  
DIMITRI T. AZAR

State of MASSACHUSETTS :

: ss.

County of Suffolk :

Before me this 3<sup>rd</sup> day of January, 2005, personally  
appeared DIMITRI T. AZAR, known to me to be the person whose name is subscribed to the  
foregoing Assignment, who acknowledged that he executed the same as his free act and deed for  
the purposes therein contained.



Notary Public

My Commission Expires: 10/07/05

[Notary's Seal Here]

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