


Substitute Form PTO-1595
Attorney Docket No.: 00633-052001

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): 10/971,434 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.	
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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		 Signature	Jan 7, 2005 Date
Total number of pages including coversheet, attachments and document: 4			

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ATTORNEY'S DOCKET NO. 00633-052001

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 POLARIZATION SENSITIVE VISUAL PROSTHESIS, filed October 22, 2004, and assigned U.S. Serial Number 10/971,434, and I authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; 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.

ATTORNEY'S DOCKET NO. 00633-052001

DATE: Jan 03, 2005

Dimitri Azar
DIMITRI T. AZAR

STATE OF MASSACHUSETTS)
COUNTY OF Suffolk) SS.

On Jan. 3, 2005, before me, the undersigned, a notary public for the State of MASSACHUSETTS personally appeared DIMITRI T. AZAR personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person or the entity upon behalf of which the person acted executed the instrument.

WITNESS my hand and official seal.



Martha Fraser
Notary Public