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Dowell & Dowell Fax No. 703 415 2559

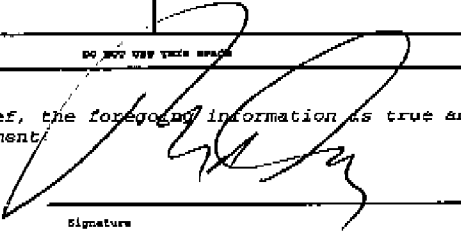
FORM PTO-1595  
(REV.6-93)

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

RECORDATION FORM COVER SHEET  
PATENTS ONLY

Our Docket No.: 14835

To the Honorable Commissioner of Patents and Trademarks:  
Please record the attached original documents or copy thereof.

<div>1. Name of conveying party(ies) and execution date: Bruce Michael KOIVISTON 3/29/05 Maria Teresa Fernandez de CASTRO 3/29/05  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div>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</div>	<div>2. Name and address of receiving party(ies) Individual Name: and/or Company Name: ETHENA HEALTHCARE INC. Street Address: 76 Adams Blvd. city: Brantford, Ontario State: Canada zip: N3S 7V2 Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div>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: _____  Title: HIGH ALCOHOL CONTENT GEL-LIKE AND FOAMING COMPOSITIONS A. Patent Application No. (s) 10/952,474 B. Patent No. (s) _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><div>5. Name and address of party to whom correspondence concerning document should be mailed: Name: Ralph A. Dowell Internal Address: _____  Street Address: Suite 406, 2111 Eisenhower Avenue Alexandria, VA 22314 (703) 415-2555</div><div>6. Total number of applications and patents involved: 1  7. Total fee (37CFR 3.41).....\$ 40.00  <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account  8. Deposit account number: 04-1577  <small>(Attach duplicate copy of this page if paying by deposit account)</small></div></div> <div>9. Statement and signature. 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.  Ralph A. Dowell 26,868 <small>Name of Person signing</small>   <small>Signature</small>  5/23/05 <small>Date</small>  Total number of pages including cover sheet, attachments and documents: 4</div>
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Mail documents to be recorded with required cover sheet information to:  
Commission of Patent & Trademarks, Box Assignments  
Washington, D.C. 20231

CH \$40.00 041577 10952474

**WORLDWIDE ASSIGNMENT**

**WE, BRUCE MICHAEL KOIVISTO and MARIA TERESA FERNÁNDEZ de CASTRO** whose full post office addresses are; RR 1, Willsonville, Ontario N0E 1Z0, Canada and 34 Enfield Crescent, Brantford, Ontario N3P 1B2, Canada, respectively; have invented "**HIGH ALCOHOL CONTENT GEL-LIKE AND FOAMING COMPOSITIONS**" for which the United States patent application was filed:

Filing Date: **September 29, 2004**

Serial No. **10/952,474**

and for which the PCT Patent application was filed:

Filing Date: **September 29, 2004**

Serial No. **PCT/CA2004/001714**

in consideration of Two Dollars (\$2.00) paid to us, the receipt and sufficiency of which is hereby acknowledged, and other good and valuable consideration, **WE** by these presents confirm that **WE** have sold, transferred and assigned and do hereby sell, transfer and assign to **ETHENA HEALTHCARE INC.**, whose full post office address is 76 Adams Blvd., Brantford, Ontario N3S 7V2, Canada, its successors and assigns or nominees, all **OUR** rights, title and interest in the United States, and all other countries of the world in and to **OUR** invention as fully described and claimed in the United States patent application, and **WE** sell, assign and transfer to **ETHENA HEALTHCARE INC.**, all **OUR** rights to apply for patent on said invention in the United States, and all other countries of the world including any and all divisions, continuations, continuation-in-part, re-examinations, renewals, reissues and/or extensions thereof, and all **OUR** corresponding rights, title and interest in and to any patent which may issue therefor in the United States, and all other countries of the world.

**AND WE UNDERTAKE** to sign such further documents to effect the aforesaid sale, assignment and transfer as may be required from time to time, without reimbursement, but at the expense of **ETHENA HEALTHCARE INC.**

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SIGNED AT (City/Town) Brantford ON, this 29 day of MARCH, 2005.

  
\_\_\_\_\_  
**BRUCE MICHAEL KOIVISTO**

**DECLARATION OF WITNESS**

I, Pierre GRABCHA whose full post office address is 14 RUE DES CAMPANULES  
51350-GERMOISEVILLE FRANCE, hereby declare that I was personally present and did  
see **BRUCE MICHAEL KOIVISTO** who is personally known to me to be the person  
named in the above assignment duly sign and execute the same.

DECLARED at (City/Town) Brantford ON, this 29 day of MARCH, 2005.

  
\_\_\_\_\_  
(Signature of Witness)

SIGNED AT (City/Town) Brantford ON, this 29 day of MARCH, 2005

  
\_\_\_\_\_  
**MARIA TERESA FERNÁNDEZ de CASTRO**

**DECLARATION OF WITNESS**

I, Pierre GRABCHA whose full post office address is 14 RUE DES CAMPANULES  
51350-GERMOISEVILLE FRANCE, hereby declare that I was personally present and  
did see **MARIA TERESA FERNÁNDEZ de CASTRO** who is personally known to me to  
be the person named in the above assignment duly sign and execute the same.

DECLARED at (City/Town) Brantford ON, this 29 day of MARCH, 2005.

  
\_\_\_\_\_  
(Signature of Witness)

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SIGNED AT (City/Town) Brantford ON, this 29 day of MARCH, 2005.

**ETHENA HEALTHCARE INC.**



Name: Maria Teresa Fernández de Castro  
Title: Vice President

**DECLARATION OF WITNESS**

I, Pierre GRASCHA, whose full post office address  
is 14 RUE DES CAMPANULES 51350 CORNONTREUIL FRANCE hereby declare that I was personally  
present and did see Maria Teresa Fernández de Castro of **ETHENA HEALTHCARE INC.**, who  
is personally known to me to be the person named in the above assignment duly sign  
and execute the same.

DECLARED AT (City/Town) Brantford ON, this 29 day of MARCH 2005.

  
(Signature of Witness)