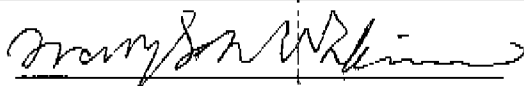



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# RECORDATION FORM COVER SHEET PATENTS ONLY

Docket No 2767 2001-004

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below

<b>1 Name of conveying party(ies)/Execution Date(s)</b> MATTHEW B. WALL / 1/17/07 TIMOTHY R. WALL / 1/17/07 / / / Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>2 Name and address of receiving party(ies)</b> Name: OCULUS TECHNOLOGIES CORPORATION Internal Address: _____ _____ Street Address: 110 BROAD STREET 2 <sup>ND</sup> FLOOR City: BOSTON State: MASSACHUSETTS Country: USA Zip: 02110 Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>3 Nature of conveyance:</b> <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ _____		<b>4 Application number(s) or patent number(s)</b> A. Patent Application No (s) B. Patent No.(s) 7,039,920 B2 <input type="checkbox"/> This document is being filed together with a new application Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>5 Name and address of party to whom correspondence concerning document should be mailed:</b> Name: MARY LOU WAKIMURA Internal Address: _____ HAMILTON, BROOK, SMITH & REYNOLDS, P.C. Street Address: 530 VIRGINIA ROAD, P.O. BOX 9133 City: CONCORD State: MA ZIP: 01742-9133 Phone No: 978-341-0036 Fax No: 978-341-0136 Email Address: MARYLOU.WAKIMURA@HBSK.COM		<b>6 Total number of applications and patents involved:</b> 1 <b>7 Total Fee (37 CFR 1.21(h) &amp; 3.41)</b> \$40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorization to charge deposit account number 08-0380 <input type="checkbox"/> Previously submitted - Doc. ID No. [ ] <input checked="" type="checkbox"/> Authorized to charge any deficiencies or credit any overpayment to deposit account number 08-0380 Do not attach a copy of this page if paying by deposit account and filing via facsimile. Attach a copy of this page if paying by deposit account and filing via mail	
<b>8. MARY LOU WAKIMURA</b> Name of Person Signing		 Signature	
		 Date	
Total number of pages including cover sheet, attachments, and documents. <b>3</b>			

PATENT



**EXHIBIT F-1**

A copy of this Assignment will be deemed a full legal and formal equivalent of any document that may be required in any country as proof of the right of Assignee to apply for patent or other protection for any Inventions and to claim the benefit of the right of priority thereto. Assignors grant to Assignee the right, power and authority to insert in this Assignment of Patent Rights any further information or identification that may be necessary or desirable to comply with the applicable rules and procedures for recordation of this Assignment of Patent Rights, or perfecting its benefit, throughout the world.

The terms and conditions of this Assignment of Patent Rights will inure to the benefit of Assignee, its successors or assigns, and anyone properly designated by them and will be binding upon each Assignor, his/her successors or assigns, and anyone properly designated by them.

**ASSIGNORS:**

[Signature]  
Name: Matthew B. Wall  
Date: 17 JAN 07

[Signature]  
Name: Timothy R. Wall  
Date: 1/17/07

STATE OF MA )  
 ) ss.  
COUNTY OF SUFFOLK )

On 17 JAN 07, before me, CHRISTOPHER M. ESPOSITO, Notary Public in and for said State, personally appeared MATTHEW WALL, 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/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Signature [Signature] WITNESS my hand and official seal.



**CHRISTOPHER M. ESPOSITO**  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires August 9, 2013

STATE OF MA )  
 ) ss.  
COUNTY OF SUFFOLK )

On 17 JAN 2007, before me, CHRISTOPHER M. ESPOSITO, Notary Public in and for said State, personally appeared TIMOTHY WALL, 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/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Signature [Signature] WITNESS my hand and official seal.



**CHRISTOPHER M. ESPOSITO**  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires August 9, 2013

**PATENT**