

Form PTO-1595 (Rev. 07/05)
OMB No. 0651-0027 (exp. 6/30/2008)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY

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

1. Name of conveying party(ies)

Matthew J. McMahon, Ph.D.
Arup Roy
Scott Greenwald
Ione Fine, Ph.D.

Additional name(s) of conveying party(ies) attached? ☒ Yes ☐ No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) 6/25/07; 6/19/07; 6/3/07; 6/10/07

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)

Name: Second Sight Medical Products, Inc.

Internal Address: Building 3

Street Address: 12744 San Fernando Road

City: Sylmar

State: California

Country: USA Zip: 91342

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application or patent number(s):

A. Patent Application No.(s)

11/796,425

S401-USA

☐ This document is being filed together with a new application.

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Second Sight Medical Products, Inc.

Internal Address: Building 3

Street Address: 12744 San Fernando Road

City: Sylmar

State: California Zip: 91342

Phone Number: (818) 833-5072

Fax Number: (818) 833-5080

Email Address: tlendvai@2-sight.com

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00

- ☐ Authorized to be charged by credit card
☒ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

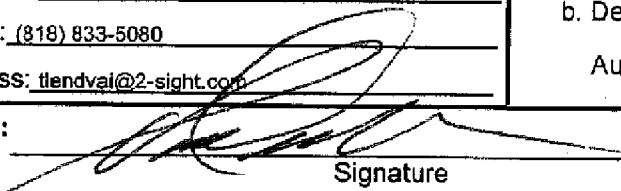
8. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 50-0922

Authorized User Name Tomas Lendvai, Ph.D.

9. Signature:



Signature

July 3, 2007
Date

Scott B. Dunbar
Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 9

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

CH \$40.00 500922 11796425

700332235

PATENT
REEL: 019514 FRAME: 0711

UNITED STATES PATENT AND TRADEMARK OFFICE
CONTINUATION OF PTO-1595 RECORDATION COVER SHEET

Docket No.: S401-USADate: July 3, 2007

1. Additional name(s) of conveying party(ies) / Execution Date(s):

Avraham I. Caspi; Kelly Hobart McClure; Robert Jay Greenberg, M.D., Ph.D.Execution Date(s): 6/19/07; 6/20/07; 6/25/07

2. Additional name(s) and address(es) of receiving party(ies):

4. Additional application(s) or patent number(s):

A. Patent Application No.(s)

B. Patent No.(s)


Signature of Attorney/AgentJuly 3, 2007
DateScott B. Dunbar
Name of person signingPage 1 of 1

ASSIGNMENT OF PATENT APPLICATION

FOR GOOD AND VALUABLE CONSIDERATION,

I, the undersigned have agreed and hereby agree to assign for good and valuable consideration, receipt of which is hereby expressly acknowledged, and do hereby sell, assign and transfer unto Second Sight Medical Products, Inc., a corporation organized under the laws of the state of California, as Assignee, and its successors, assigns and legal representatives, the entire right, title and interest, for all countries in and to certain inventions relating to

VISUAL PROSTHESIS FITTING

described in an application for Letters Patent of the United States, identified as Attorney Docket No. S401-USA, at Second Sight Medical Products, Inc., 12744 San Fernando Road, Building 3, Sylmar, CA 91342 and filed on April 27, 2007, as Application Serial No.11/796,425, and the invention(s) and improvement(s) set forth therein, and any and all continuations, continuations-in-part, divisionals, and renewals of and substitutes for said application for said Letters Patent, and all the rights and privileges under any and all Letters Patent that may be granted therefore in any country, and any reissues, or reexaminations, or extensions of said Letters Patent. I request that any and all Letters Patent for said inventions be issued to said Assignee, its successors, assigns and legal representatives, or to such nominees as it may designate.

I agree that, when requested, I will, without charge to said Assignee but at its expense, sign all papers, take all rightful oaths, and do all acts which may be necessary, desirable or convenient for securing and maintaining patents for said inventions in any and all countries and for vesting title thereto in said Assignee, its successors, assigns and legal representatives or nominees.

I authorize and empower the said Assignee, its successors, assigns and legal representatives or nominees, to invoke and claim for any application for patent or other form of protection for said inventions filed by it or them, the benefit of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for it, and to invoke and claim such right of priority without further written or oral authorization from me.

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I covenant with said Assignee, its successors, assigns and legal representatives, that the rights and property herein conveyed are free and clear of any encumbrance, and that I have full right to convey the same as herein expressed.

IN WITNESS WHEREOF, I have hereunto signed my name on the day and year set forth below.


Inventor's Signature

06/25/2007
DATE

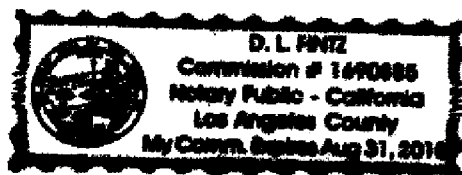
Matthew J. McMahon, Ph.D.
Inventor's Printed Name

STATE OF CALIFORNIA)
) SS
COUNTY OF LOS ANGELES)

On June 25, 2007, before me, D.L. Fintz, Notary Public, personally appeared Matthew J. McMahon, Ph.D., 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/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.


Signature of Notary Public



ASSIGNMENT OF PATENT APPLICATION

FOR GOOD AND VALUABLE CONSIDERATION,

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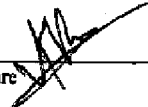
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IN WITNESS WHEREOF, I have hereunto signed my name on the day and year set forth below.

Inventor's Signature 

DATE 6/19/07

Arup Roy

Inventor's Printed Name

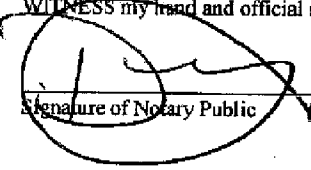
STATE OF CALIFORNIA)

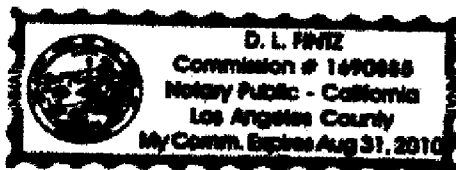
) SS

COUNTY OF LOS ANGELES)

On June 19, 2007, before me, D.L. Fintz, Notary Public, personally appeared Arup Roy, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.


Signature of Notary Public



ASSIGNMENT OF PATENT APPLICATION

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I, the undersigned have agreed and hereby agree to assign for good and valuable consideration, receipt of which is hereby expressly acknowledged, and do hereby sell, assign and transfer unto Second Sight Medical Products, Inc., a corporation organized under the laws of the state of California, as Assignee, and its successors, assigns and legal representatives, the entire right, title and interest, for all countries in and to certain inventions relating to

Visual Prosthesis Fitting

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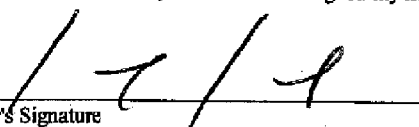
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IN WITNESS WHEREOF, I have hereunto signed my name on the day and year set forth below.


Inventor's Signature

6/10/2007
DATE

Lone Fine, Ph.D.

Inventor's Printed Name

ASSIGNMENT OF PATENT APPLICATION

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Inventor's Signature

6/3/07
DATE

Scott Greenwald
Inventor's Printed Name

ASSIGNMENT OF PATENT APPLICATION

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VISUAL PROSTHESIS FITTING

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Inventor's Signature

DATE

Avraham I. Caspi

Inventor's Printed Name

STATE OF CALIFORNIA)

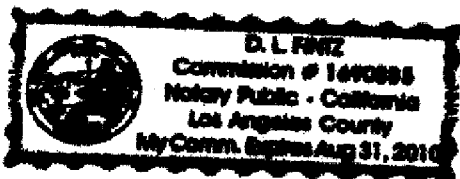
) SS

COUNTY OF LOS ANGELES)

On June 19, 2007, before me, D.L. Fintz, Notary Public, personally appeared Avraham I. Caspi, ~~personally known to me or proved to me~~ on the basis of satisfactory evidence to be the person ~~whose name is/are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity ~~(ies)~~, and that by his/~~her/their~~ signature ~~(s)~~ on the instrument the person ~~(s)~~, or the entity upon behalf of which the person ~~(s)~~ acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Public



ASSIGNMENT OF PATENT APPLICATION

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VISUAL PROSTHESIS FITTING

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IN WITNESS WHEREOF, I have hereunto signed my name on the day and year set forth below.

Kelly A McClure
Inventor's Signature

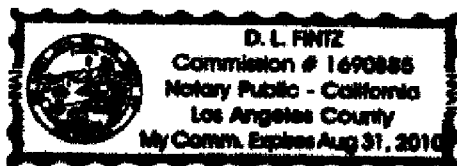
6/20/07
DATE

Kelly Hobart McClure
Inventor's Printed Name

STATE OF CALIFORNIA)
) SS
COUNTY OF LOS ANGELES)

On June 20, 2007, before me, D.L. Fintz, Notary Public, personally appeared Kelly Hobart McClure, ~~personally known to me or~~ proved to me on the basis of satisfactory evidence to be the person ~~(s)~~ whose name ~~(s)~~ is ~~are~~ subscribed to the within instrument and acknowledged to me that he ~~she~~ ~~they~~ executed the same in his ~~her~~ ~~their~~ authorized capacity ~~(ies)~~, and that by his ~~her~~ ~~their~~ signature ~~(s)~~ on the instrument the person ~~(s)~~, or the entity upon behalf of which the person ~~(s)~~ acted, executed the instrument.

WITNESS my hand and official seal.



[Signature]
Signature of Notary Public

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Inventor's Signature

DATE

Robert Jay Greenberg, M.D., Ph.D.
Inventor's Printed Name

STATE OF CALIFORNIA

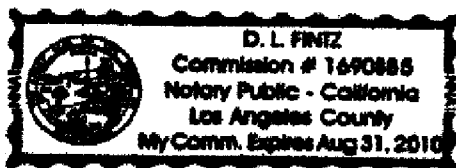
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) SS

COUNTY OF LOS ANGELES

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