

**5 PAGES SENT BY FACSIMILE July 5, 2007 TO 571 273 0140**

**Dowell & Dowell Fax No. 703 415 2559**

**RECORDATION FORM COVER LETTER**  
**Docket No.: 15780CIP**

**Section 1.**

Name of conveying party(ies) and execution date and if individual or company:

|                    |           |            |
|--------------------|-----------|------------|
| Stephen W. LEONARD | 4/23/2007 | Individual |
| Samad TALEBPOUR    | 4/24/2007 | Individual |

Name

Date

Individual or Company

**Section 2.**

Name of receiving party(ies) and execution date and if individual or company:

|                    |         |
|--------------------|---------|
| Novx Systems, Inc. | Company |
|--------------------|---------|

Name

Individual or Company

185 Renfrew Avenue, Markham, ON L3R 6G3 CANADA

Address

**Section 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:             |                          |                |

**Section 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:

[Empty box for application number]

METHOD OF COMPENSATION OF DOSE-RESPONSE CURVE OF AN ASSAY FOR SENSITIVITY TO PERTURBING VARIABLES

Title

A. Patent Application No. (s)

B. Patent No. (s):

|            |  |
|------------|--|
| 11/730,927 |  |
|------------|--|

CH \$40.00 041577 11730927

Section 5.

Name and address of party to whom correspondence concerning document should be mailed:

Ralph A. Dowell  
 DOWELL & DOWELL, P.C.  
 Suite 406, 2111 Eisenhower Avenue  
 Alexandria, VA 22314  
 703 415 2555 - telephone      703 415 2559 - facsimile  
 dowell@dowellpc.com e-mail

Section 6.

Total number of applications and patents involved:

1

Section 7.

|         |                         |
|---------|-------------------------|
| \$40.00 | Total fee (37 CFR 3.41) |
|---------|-------------------------|

|                          |          |                                     |   |   |
|--------------------------|----------|-------------------------------------|---|---|
| <input type="checkbox"/> | Enclosed | <input checked="" type="checkbox"/> | X | Authorized to be charged to deposit account |
|--------------------------|----------|-------------------------------------|---|---|


Section 8.

|                     |         |
|---------------------|---------|
| Deposit Account No. | 04-1577 |
|---------------------|---------|

Section 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.*

|   |                        |          |
|---|------------------------|----------|
|  | Wendy M. Slade         | 7/5/2007 |
| Signature   | Name of person signing | Date     |

Total number of pages including cover sheet, assignment, attachment, etc. 5

FILE NO. 348-031-P

**WORLDWIDE ASSIGNMENT**

**WE, STEPHEN W. LEONARD and SAMAD TALEBPOUR** whose full post office addresses are; 102 Emmeloord Crescent, Unionville, Ontario, L3R 1P8 Canada and 220 Taylor Mills Dr. N., Richmond Hill, Ontario L4C 2T7, Canada, respectively, have invented "**METHOD OF COMPENSATION OF DOSE-RESPONSE CURVE OF AN ASSAY FOR SENSITIVITY TO PERTURBING VARIABLES**" for which the United States patent application was filed:

Filing Date: **January 19, 2006**Serial No. **11/334,749**

and for which the PCT patent application was filed;

Filing Date: **March 12, 2007**Serial No. **PCT/CA2007/000398**

and for which the U.S. CIP patent application was filed:

Filing Date: **April 4, 2007**Serial No. **11/730,927**

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 **NOVX SYSTEMS INC.**, whose full post office address is 185 Renfrew Avenue, Markham, Ontario L3R 6G3, 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 **NOVX SYSTEMS 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 **NOVX SYSTEMS INC.**

- 2 -

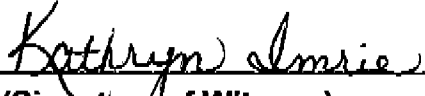
SIGNED AT (City/Town) MARKHAM, this 23<sup>rd</sup> day of APRIL, 2007

  
\_\_\_\_\_  
**STEPHEN W. LEONARD**

**DECLARATION OF WITNESS**

I, KATHRYN IMRIE whose full post office address is 21 NORTH ST,  
UXBRIDGE, ONTARIO, L9P 1B9, hereby declare that I was personally present and  
did see **STEPHEN W. LEONARD** 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) MARKHAM, this 23<sup>rd</sup> day of APRIL, 2007.

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

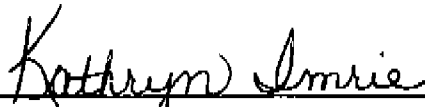
SIGNED AT (City/Town) MARKHAM, this 24<sup>th</sup> day of APRIL, 2007.

  
\_\_\_\_\_  
**SAMAD TALEBPOUR**

**DECLARATION OF WITNESS**

I, KATHRYN IMRIE whose full post office address is 21 NORTH ST,  
UXBRIDGE, ONT. L9P 1B9, hereby declare that I was personally present and did  
see **SAMAD TALEBPOUR** 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) MARKHAM, this 24<sup>th</sup> day of APRIL, 2007.

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

SIGNED AT (City/Town) MARKHAM, this 24<sup>th</sup> day of APRIL, 2007.

**NOVX SYSTEMS INC.**

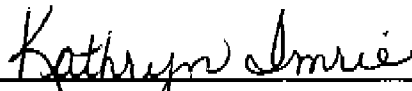


Name: TINO ALAVIE  
Title: PRESIDENT & CEO

**DECLARATION OF WITNESS**

I, KATHRYN IMRIE, whose full post office address is 21 NORTH ST., UXBRIDGE, ON. L9P 1B9, hereby declare that I was personally present and did see TINO ALAVIE of **NOVX SYSTEMS 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) MARKHAM, this 24<sup>th</sup> day of APRIL 2007.



(Signature of Witness)