

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

| SUBMISSION TYPE: | NEW ASSIGNMENT | | | | | | | | | | | | |
|---|-----------------------------------|---------------|----------------|---------------------|------------|---------------------|------------|----------------------|------------|-----------------------|------------|-----------------------|------------|
| NATURE OF CONVEYANCE: | ASSIGNMENT | | | | | | | | | | | | |
| CONVEYING PARTY DATA | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Name</th> <th>Execution Date</th> </tr> </thead> <tbody> <tr> <td>Brian COURTNEY</td> <td>02/06/2008</td> </tr> <tr> <td>Nigel Robert MUNCE</td> <td>02/06/2008</td> </tr> <tr> <td>Amandeep Singh THIND</td> <td>02/06/2008</td> </tr> <tr> <td>Victor Xiao Dong YANG</td> <td>02/11/2008</td> </tr> <tr> <td>Francis Stuart FOSTER</td> <td>01/31/2008</td> </tr> </tbody> </table> | | Name | Execution Date | Brian COURTNEY | 02/06/2008 | Nigel Robert MUNCE | 02/06/2008 | Amandeep Singh THIND | 02/06/2008 | Victor Xiao Dong YANG | 02/11/2008 | Francis Stuart FOSTER | 01/31/2008 |
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| Victor Xiao Dong YANG | 02/11/2008 | | | | | | | | | | | | |
| Francis Stuart FOSTER | 01/31/2008 | | | | | | | | | | | | |
| RECEIVING PARTY DATA | | | | | | | | | | | | | |
| Name: | SUNNYBROOK HEALTH SCIENCES CENTRE | | | | | | | | | | | | |
| Street Address: | 2075 Bayview Avenue | | | | | | | | | | | | |
| City: | Toronto, ON | | | | | | | | | | | | |
| State/Country: | CANADA | | | | | | | | | | | | |
| Postal Code: | M4N 3M5 | | | | | | | | | | | | |
| PROPERTY NUMBERS Total: 2 | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Property Type</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Application Number:</td> <td>60881169</td> </tr> <tr> <td>Application Number:</td> <td>12010206</td> </tr> </tbody> </table> | | Property Type | Number | Application Number: | 60881169 | Application Number: | 12010206 | | | | | | |
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| Application Number: | 60881169 | | | | | | | | | | | | |
| Application Number: | 12010206 | | | | | | | | | | | | |
| CORRESPONDENCE DATA | | | | | | | | | | | | | |
| Fax Number: | (703)415-2559 | | | | | | | | | | | | |
| <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> | | | | | | | | | | | | | |
| Phone: | 703-415-2555 | | | | | | | | | | | | |
| Email: | dowell@dowellpc.com | | | | | | | | | | | | |
| Correspondent Name: | Dowell & Dowell, P.C. | | | | | | | | | | | | |
| Address Line 1: | 2111 Eisenhower Avenue, Suite 406 | | | | | | | | | | | | |
| Address Line 4: | Alexandria, VIRGINIA 22314 | | | | | | | | | | | | |
| ATTORNEY DOCKET NUMBER: | 16251 | | | | | | | | | | | | |
| NAME OF SUBMITTER: | Ralph A. Dowell | | | | | | | | | | | | |

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PATENT

Total Attachments: 4

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WORLDWIDE ASSIGNMENT

WE, **BRIAN COURTNEY, NIGEL ROBERT MUNCE, AMANDEEP SINGH THIND, VICTOR XIAO DONG YANG** and **FRANCIS STUART FOSTER** whose full post office addresses are; 75 Oriole Road, #204, Toronto, Ontario M4V 2E9, Canada, 889 Bay Street, Apartment 904, Toronto, Ontario M5S 3K5, Canada, 108 Redpath Avenue, Unit 12, Toronto, Ontario M4S 2J7, Canada, #22, 325 Jarvis Street, Toronto, Ontario M5B 2C2, Canada and 25 Glen Oak Drive, Toronto, Ontario M4E 1Y4, Canada, respectively, have invented "**SCANNING MECHANISM FOR IMAGING PROBE**" for which the United States provisional patent application was filed:

Filing Date: **January 19, 2007**
Serial No. **60/881,169**

and for which the International PCT application was filed:

Filing Date: **January 21, 2008**
Serial No. **PCT/CA2008/000092**

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

Filing Date: **January 22, 2008**
Serial No. **12/010,206**

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 **SUNNYBROOK HEALTH SCIENCES CENTRE** whose full post office address is 2075 Bayview Avenue, Toronto, Ontario M4N 3M5, 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 **SUNNYBROOK HEALTH SCIENCES CENTRE**, 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 **SUNNYBROOK HEALTH SCIENCES CENTRE**.

AND WE authorize HILL & SCHUMACHER, Patent and Trademark Agents, of 264 Avenue Road, Toronto, Ontario M4V 2G7, Canada to enter the Serial No.'s of the PCT and United States patent applications and particulars of the signature and particulars of the Declaration when missing.

SIGNED AT (City/Town) Toronto, this 6th day of February, 2008.

Brian Courtney
BRIAN COURTNEY

DECLARATION OF WITNESS

I, Raphael Ponen whose full post office address is 419-45 Carlton St. Toronto, Ontario M5B2H7, Canada, hereby declare that I was personally present and did see **BRIAN COURTNEY** 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) Toronto, this 6th day of February, 2008.

[Signature]
(Signature of Witness)

SIGNED AT (City/Town) Toronto, this 6th day of February, 2008

Nigel Robert Munce
NIGEL ROBERT MUNCE

DECLARATION OF WITNESS

I, Alvin Alvin Chau whose full post office address is Unit 124, 124 Dwyer Place, Scarborough, Ontario, Canada, hereby declare that I was personally present and did see **NIGEL ROBERT MUNCE** 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) Toronto, this 6th day of February, 2008.

[Signature]
(Signature of Witness)

SIGNED AT (City/Town) Toronto, this 6th day of February, 2008



AMANDEEP SINGH THIND

DECLARATION OF WITNESS

I, Aaron Teitelbaum whose full post office address is 126 West Hampton Dr
Florence, ON L4Y 7Y6, hereby declare that I was personally present and did see **AMANDEEP SINGH THIND** 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) Toronto, this 6th day of February, 2008.


(Signature of Witness)


SIGNED AT (City/Town) Toronto, this 11 day of February, 2008


VICTOR XIAO DONG YANG

DECLARATION OF WITNESS

I, ROGER SOMER whose full post office address is 27 TUNBRIDGE CRES
ETOBICOKE, ON M9P 3L5, hereby declare that I was personally present and did see **VICTOR XIAO DONG YANG** 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) Toronto, this 11 day of Feb., 2008.


(Signature of Witness)

SIGNED AT (City/Town) Toronto, this 31st day of Jan, 2008



FRANCIS STUART FOSTER

DECLARATION OF WITNESS

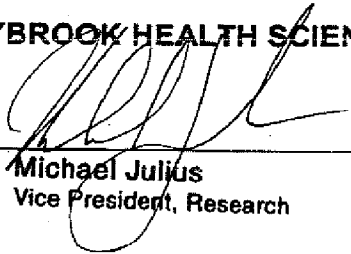
I, Janet Binding whose full post office address is 93 Bold St., Hamilton, ON, hereby declare that I was personally present and did see **FRANCIS STUART FOSTER** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at (City/Town) Toronto, this 31st day of Jan, 2008.

Janet Binding
(Signature of Witness)

SIGNED AT (City/Town) Toronto, this 22 day of February, 2008.

SUNNYBROOK HEALTH SCIENCES CENTRE



Name: Michael Julius
Title: Vice President, Research

DECLARATION OF WITNESS

I, Terrie Banks, whose full post office address is 116 North Woodrow Blvd Toronto, ON M1K 1B8 hereby declare that I was personally present and did see Michael Julius of **SUNNYBROOK HEALTH SCIENCES CENTRE**, 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) Toronto, this 22 day of February 2008.

Terrie Banks
(Signature of Witness)