

PATENT ASSIGNMENT

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| 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>Graham Clive HUFTON</td> <td>03/25/2008</td> </tr> <tr> <td>Oleksandr Igorovich LEVCHENKO</td> <td>03/25/2008</td> </tr> <tr> <td>Geoffrey Roy FERNIE</td> <td>03/25/2008</td> </tr> </tbody> </table> | | Name | Execution Date | Graham Clive HUFTON | 03/25/2008 | Oleksandr Igorovich LEVCHENKO | 03/25/2008 | Geoffrey Roy FERNIE | 03/25/2008 |
| Name | Execution Date | | | | | | | | |
| Graham Clive HUFTON | 03/25/2008 | | | | | | | | |
| Oleksandr Igorovich LEVCHENKO | 03/25/2008 | | | | | | | | |
| Geoffrey Roy FERNIE | 03/25/2008 | | | | | | | | |
| RECEIVING PARTY DATA | | | | | | | | | |
| Name: | TORONTO REHABILITATION INSTITUTE | | | | | | | | |
| Street Address: | 550 University Avenue, #12028 | | | | | | | | |
| City: | Toronto, ON | | | | | | | | |
| State/Country: | CANADA | | | | | | | | |
| Postal Code: | M5G 2A2 | | | | | | | | |
| PROPERTY NUMBERS Total: 1 | | | | | | | | | |
| <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>12078186</td> </tr> </tbody> </table> | | Property Type | Number | Application Number: | 12078186 | | | | |
| Property Type | Number | | | | | | | | |
| Application Number: | 12078186 | | | | | | | | |
| CORRESPONDENCE DATA | | | | | | | | | |
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| <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. | | | | | | | | |
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| Address Line 4: | Alexandria, VIRGINIA 22314 | | | | | | | | |
| ATTORNEY DOCKET NUMBER: | 16326 | | | | | | | | |
| NAME OF SUBMITTER: | Ralph A. Dowell | | | | | | | | |
| Total Attachments: 3 source=16326assign#page1.tif source=16326assign#page2.tif | | | | | | | | | |

CH \$40.00 12078186

ASSIGNMENT

WHEREAS, Graham Clive HUFTON, Oleksandr Igorovich LEVCHENKO, and Geoffrey Roy FERNIE, (hereinafter referred to as 'ASSIGNORS'), whose full post office addresses are respectively: 36 MacKenzie Crescent, Apartment 2, Toronto, Ontario, M6J 1T1 CANADA; 1420-700 Ontario Street, Toronto, Ontario, M4X 1N2 CANADA; and 29 Blaketon Road, Etobicoke, Ontario M9B 4W4 CANADA; made an Invention entitled HAND HYGIENE COMPLIANCE SYSTEM (the "Invention") the specification of which was filed in the United States Patent Office on October 2, 2007 under serial number 60/960,521 (hereinafter referred to as the United States Patent Application);

AND WHEREAS, TORONTO REHABILITATION INSTITUTE (hereinafter referred to as 'ASSIGNEE'), whose full post office address is 550 University Avenue, #12028 Toronto, Ontario M5G 2A2 CANADA is desirous of acquiring and has acquired, from the ASSIGNORS, their entire right, title and interest in and to the Invention;


NOW THEREFORE, to all whom it may concern be it known that for and in consideration of the sum of one dollar (\$1.00) to them in hand paid by the ASSIGNEE, and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the ASSIGNORS hereby confirm that they have sold, assigned and transferred, and do hereby sell, assign and transfer to the ASSIGNEE, its successors and assigns, their entire right, title and interest in and to the Invention for all countries and in and to the United States Patent Application and all Letters Patent that may be obtained therefor in the United States, and in and to any corresponding patents and patent applications including reissue, divisional, continuation and continuation-in-part applications therefor in the United States, Canada and other countries;

AND the ASSIGNORS hereby authorize and request the Commissioner of Patents to issue United States Letters Patent for the Invention to the ASSIGNEE for its sole use and benefit, and for the use and benefit of its successors and assigns, to the full end of the term for which United States Letters Patent may be granted, as fully and entirely as the same would have been held by the ASSIGNORS had this assignment and sale not been made;

The ASSIGNORS hereby undertake without liability at any time upon request to do everything legally possible to assist the ASSIGNEE in the filing and prosecution of any patent application relating to the Invention in any country, to sign such documents and do such things as may be required to give effective legal and registered title of the Invention to the ASSIGNEE in any country, all without further consideration but at the expense of the ASSIGNEE.

This Assignment shall enure to the benefit of, and be binding upon, the ASSIGNOR(S), and the ASSIGNEE, and their respective heirs, executors, legal personal representatives, successors and assigns.

SIGNED at TORONTO, this 25 day of MARCH, 2008.

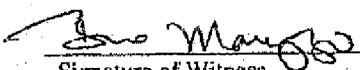


Graham Clive HUFTON

STATEMENT OF WITNESS

I, Bruno Maruzzo, whose full post office address is 492 Brunswick Ave, Toronto, ON M5R 2Z5 hereby declare that I was personally present and did see Graham Clive HUFTON, who is personally known to me to be the person in the attached assignment, duly sign and execute the same.

SIGNED at Toronto, this 25th day of March, 2008.



Signature of Witness

SIGNED at Toronto, this 25 day of March, 2008, for and on behalf of the ASSIGNEE, TORONTO REHABILITATION INSTITUTE

[Signature]
Full Name: **Geoff Fernie, PhD, PEng**
Vice President, Research
Toronto Rehabilitation Institute
550 University Avenue
Toronto, ON M5G 2A2
Capacity: _____

STATEMENT OF WITNESS

I, Bruno Maruzzo, whose full post office address is
492 Brunswick Ave Toronto ON M5R 2Z5

hereby declare that I was personally present and did see Geoff Fernie who is personally known to me to be the person in the attached assignment, duly sign and execute the same for and on behalf of the ASSIGNEE.

SIGNED at Toronto, this 25 day of March, 2008.

[Signature]
Signature of Witness

SIGNED at Toronto, this 25 day of March, 2008
[Signature]
Oleksandr Igorovich LEVCHENKO

STATEMENT OF WITNESS

I, Bruno Maruzzo, whose full post office address is
492 Brunswick Ave Toronto ON M5R 2Z5

hereby declare that I was personally present and did see Oleksandr Igorovich LEVCHENKO, who is personally known to me to be the person in the attached assignment, duly sign and execute the same.

SIGNED at Toronto, this 25 day of March, 2008

[Signature]
Signature of Witness

SIGNED at Toronto, this 25 day of March, 2008

[Signature]
Geoffrey Roy FERNIE

STATEMENT OF WITNESS

I, Giino Maruzzo, whose full post office address is

492 Brunswick Ave Toronto ON M5R 2Z5

hereby declare that I was personally present and did see Geoffrey Roy FERNIE, who is personally known to me to be the person in the attached assignment, duly sign and execute the same.

SIGNED at Toronto, this 25th day of March, 2008.

[Signature]
Signature of Witness

