

PATENT ASSIGNMENT

Electronic Version v1.1

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SUBMISSION TYPE:

NEW ASSIGNMENT

NATURE OF CONVEYANCE:

ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
RONEN JAFFE	09/07/2008
BRADLEY H. STRAUSS	09/22/2008
BRIAN K. COURTNEY	08/01/2008

RECEIVING PARTY DATA

Name:	SUNNYBROOK HEALTH SCIENCES CENTRE
Street Address:	2075 BAYVIEW AVENUE
City:	TORONTON, ON
State/Country:	CANADA
Postal Code:	M4N 3M5

PROPERTY NUMBERS Total: 2

Property Type	Number
Application Number:	60929187
Application Number:	12213386

CORRESPONDENCE DATA

Fax Number: (703)415-2559

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

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Email: dowell@dowellpc.com

Correspondent Name: Dowell & Dowell. P.C.

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Address Line 4: Alexandria, VIRGINIA 22314

ATTORNEY DOCKET NUMBER:

16432

NAME OF SUBMITTER:

Ralph A. Dowell

Total Attachments: 3

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PATENT

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WORLDWIDE ASSIGNMENT

WE, **RONEN JAFFE, BRADLEY H. STRAUSS** and **BRIAN K. COURTNEY** whose full post office addresses are; Yaad 139, DN Misgav, Israel 20155, 50 Viewmount Avenue, Toronto, Ontario M6B 1T4, Canada and 75 Oriole Road, #204, Toronto, Ontario M4V 2E9, Canada, respectively, have invented "**METHODS AND DEVICES FOR IMAGE-GUIDED MANIPULATION OR SENSING OF ANATOMIC STRUCTURES**" for which the United States provisional patent application was filed:

Filing Date: **June 18, 2007**
Serial No. **60/929,187**

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

Filing Date: **June 18, 2008**
Serial No. **12/213,386**

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 number of the United States patent application and particulars of the signature and particulars of the Declaration when missing.

SIGNED AT (City/Town) HAIFA

, this 7 day of SEPTEMBER, 2008.



RONEN JAFFE


DECLARATION OF WITNESS

I, SALIM HALABI whose full post office address is DALIA EL CARMEL
ST. 12 HOUSE 9 HAIFA hereby declare that I was personally present and did
see **RONEN JAFFE** 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)

HAIFA

, this 7 day of September, 2008.



(Signature of Witness)

SIGNED AT (City/Town)

Toronto

, this 22 day of September, 2008



BRADLEY H. STRAUSS

DECLARATION OF WITNESS

I, Brian Courtney whose full post office address is 75 Oriole Rd #204
Toronto, Ontario, hereby declare that I was personally present and
did see **BRADLEY H. STRAUSS** 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 September, 2008.



(Signature of Witness)

SIGNED AT (City/Town) Toronto, this 1st day of August, 2008



BRIAN K. COURTNEY

DECLARATION OF WITNESS

I, Elihu Dawson whose full post office address is 75 Oriole Rd #204
Toronto, Ontario, hereby declare that I was personally present and
did see **BRIAN K. COURTNEY** who is personally known to me to be the person named
in the above assignment duly sign and execute the same.

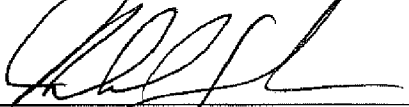
DECLARED at (City/Town) Toronto, this 1st day of August, 2008.



(Signature of Witness)

SIGNED AT (City/Town) Toronto, this 23 day of Sept, 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 To ON, 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 23 day of Sept, 2008.



(Signature of Witness)