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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Paul O. Ramstad	10/06/2006
Donna S. Levy	10/11/2006
Alexis A. Mataban	10/09/2006
Stephen Derek Smithson	10/06/2006
Daniel K. Childs	10/05/2006
Matthew William Tivnon	10/12/2006

RECEIVING PARTY DATA

Name:	Lumenis Ltd.	
Street Address:	Yokneam Industrial Park	
City:	Yokneam	
State/Country:	ISRAEL	
Postal Code:	20692	

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	29264446

CORRESPONDENCE DATA

Fax Number: (617)542-2241

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

Phone: 617-542-6000

Email: regomez@mintz.com

Correspondent Name: Ido Rabinovitch

Address Line 1: One Financial Center Address Line 2: Mintz, Levin P.C.

Address Line 4: Boston, MASSACHUSETTS 02111

ATTORNEY DOCKET NUMBER: 35678-616001US

PATENT

REEL: 022168 FRAME: 0679

500765881

NAME OF SUBMITTER:	Ido Rabinovitch
Total Attachments: 9	
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PATENT REEL: 022168 FRAME: 0680

Docket No.:

D-0565-US

ASSIGNMENT

In consideration of One Dollar (\$1.00), and other good and valuable consideration, the Receipt of which is hereby acknowledged, I the undersigned, RAMSTAD, Paul O. residing at 5041 Shady Avenue, San Jose, CA 95129, USA; LEVY, Donna S. residing at 109 Via de Tesoros, Los Gatos, CA 95032, USA; MATABAN, Alexis A. residing at 4447-A Valley Avenue, Pleasanton, CA 94566-5592, USA; SMITHSON, Stephen Derek residing at 944 Stony Hill Road, Redwood City, CA 94061, USA; CHILDS, Daniel K. residing at 24 North Ada #E, Chicago, IL 60607, USA; TIVNON, Matthew William residing at 76 Mercantile Way #317, Ladera Ranch, CA 92694, USA

Hereby sell, assign and transfer to Lumenis Ltd., an Israeli company located at Yokneam Industrial Park, Yokneam 20692, Israel its successors, assigns and legal representatives (hereinafter, the "Assignee"), the entire right, title and interest for all countries, in and to any and all inventions which are disclosed and claimed, and as possessed by the undersigned, any and all inventions which are disclosed but not claimed in the application for United States Patent U.S. Serial No. 29/264,446 filed August 10, 2006 and is entitled

SKIN TREATMENT HANDPIECE

and in and to said application and all divisional, continuing, substitute, renewal, reissue, and all other applications for U.S. Patent or other related property rights in any and all foreign countries which have been or shall be filed on any of said inventions disclosed in said application; and in and to all original and reissued patents or related foreign documents which have been or shall be issued on said inventions;

Authorize and request the Commissioner of Patents of the United States to issue to said Assignee, the corporation above named, its successors, assigns and legal representatives, in accordance with this assignment, any and all United States Patent on said inventions or any of them disclosed in said application;

Agree that said Assignee may apply for and receive foreign Patent or rights of any other kind for said inventions, or any of them; and may claim, in applications for said foreign Patent or other rights, the priority of the aforesaid United States patent application under the provisions of the International Convention of 1883 and later modifications thereof, under the Patent Cooperation Treaty, under the European Patent Convention or under any other available international agreement; and that, when requested, without charge to, but at the expense of, said Assignee, its successors, assigns and legal representatives, to carry out in good faith the intent and purpose of this assignment,

Docket No.: D-0565-US

the under-signed or the undersigned's executors or administrators will, for the United States and all foreign countries, execute all divisional, continuing, substitute, renewal, reissue, and all other patent applications or other documents on any and all said inventions; execute all rightful oaths, assignments, powers of attorney and other papers; communicate to said Assignee, its successors, assigns and representatives, all facts known and documents available to the undersigned relating to said inventions and the history thereof; testify in all legal proceedings; and generally do everything possible which said Assignee, its successors, assigns or representatives shall consider desirable for aiding in securing, maintaining and enforcing proper patent protection for said inventions and for vesting title to said inventions and all applications for patents or related foreign rights and all patents on said inventions, in said Assignee, its successors, assigns and legal representatives; and

COVENANT with said Assignee, its successors, assigns and legal representatives that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been made to others by the undersigned, and that full right to convey the same as herein expressed is possessed by the undersigned.

FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
RAMSTAD, Paul O.	Susan P Knowlden
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
	Swar P Knaulde
	ADDRESS OF WITNESS:
DATE: 6 10 2006	2400 Condensa Street
(day / month / year)	Santa Clara CA 95051

FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
LEVY, Donna S.	Susan Pknowlden
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
Abana Soe	Susan P Knowlder
, , ,	ADDRESS OF WITNESS:
DATE:	2400 Condensa Street
(day / month / year)	Santa Clara (A 95051

Docket No.: D-0565-US

FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
MATABAN, Alexis A.	Susan Pknowlden signature of witness:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
Cherras With	Susan P Symulde
	ADDRESS OF WITNESS:
DATE: 05 10 06	2400 Condensa Street
(day / month / year)	Santa Clara CA 95051
FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
SMITHSON, Stephen Derek	Susan P. Knowlden signature of witness:
SIGNATURE OF INVENTOR:	
A Dine	ADDRESS OF WITNESS:
	ADDRESS OF WITNESS:
DATE: 06 10 06	2400 Condensa Street
(day / month / year)	Santa Clara CA 95051
FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
CHILDS, Daniel K.	
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
SIGNATURE OF INVENTOR.	SIGNATURE OF WITNESS:
DATE:	ADDRESS OF WITNESS:
(day / month / year)	
(day / month / year)	
FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
TIVNON, Matthew William	
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
	ADDRESS OF WITNESS:
DATE:	
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Docket No.: D-0565-US

FULL NAME OF INVENTOR:	PULLANAME OF WITNIEGO.
	FULL NAME OF WITNESS:
MATABAN, Alexis A.	
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
	ADDRESS OF WITNESS:
DATE:	
(day / month / year)	
FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
SMITHSON, Stephen Derek	
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
· ·	ADDRESS OF WITNESS:
DATE:	- P - P - P - P - P - P - P - P - P - P
(day / month / year)	
FULL NAME OF INVENTOR:	FULL NAME OF WITNESS
CHILDS, Daniel K.	"OFFICIAL STAL"
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS: STATE OF COMMISSION EXPIRES 06/19/0
Lamo K. Child	Saula Maria
DATE: 05/10/2006	ADDRESS OF WITNESS: 345 D. CAN A STATEST CHICAGO, IL 60606
(day / month / year)	CHICAGO, IL 60606
FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
TIVNON, Matthew William	
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
	ADDRESS OF WITNESS:
DATE:	
(day / month / year)	

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California County of Santa Clara personally appeared personally known to me 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 SUSAN P. KNOWLDEN signature(s) on the instrument the person(s), or the Commission # 1613560 Notary Public - California entity upon behalf of which the person(s) acted, Santa Clara County executed the instrument. My Comm. Expires Oct 16, 2009 WITNESS my hand and official seal. Place Notary Seal Above **OPTIONAL** Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. **Description of Attached Document** Title or Type of Document: Design Patent Application Transmittal, Docket No. D-0565-US Augus + 10, 2006 Number of Pages: 24 Signer(s) Other Than Named Above: Donna Levy, Paul Ramstad, Steve Smithson Capacity(ies) Claimed by Signer(s) Signer's Name: Alexis A Mataban Signer's Name: ` ✓Individual Individual ☐ Corporate Officer — Title(s): ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General OF SIGNER □ Attorney in Fact ☐ Attorney in Fact Top of thumb here Top of thumb here ☐ Trustee □ Trustee □ Guardian or Conservator ☐ Guardian or Conservator ☐ Other: ☐ Other: Signer Is Representing: Signer Is Representing:

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PATENT REEL: 022168 FRAME: 0685

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Item No. 5907

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California County of Santa Clara Susan P Knowlden, Notary Public Name and Title of Officer (e.g., "Jane Doe, Notary Public") October 6, 2006, before me, personally appeared Name(s) of Signer(s) personally known to me 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 SUSAN P. KNOWLDEN signature(s) on the instrument the person(s), or the Commission # 1613560 Notary Public - California entity upon behalf of which the person(s) acted, Santa Clara County executed the instrument. My Comm. Expires Oct 16, 2009 WITNESS my hand and official seal. Place Notary Seal Above Signature of Notary Public OPTIONAL Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. **Description of Attached Document** Design Patent Application Transmittal, Docket No. Number of Pages: 23 24 D-0565-US Title or Type of Document: ___ Document Date: August 10, 2006 Signer(s) Other Than Named Above: Donna Levy, Alex Mataban, Steve Smithsong Capacity(ies) Claimed by Signer(s) Signer's Name: Poul O Ram stad Signer's Name: ✓ Individual ☐ Individual ☐ Corporate Officer — Title(s): ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General □ Attorney in Fact ☐ Attorney in Fact Top of thumb here Top of thumb here ☐ Trustee □ Trustee □ Guardian or Conservator ☐ Guardian or Conservator ☐ Other: Other:

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Signer Is Representing:

Signer Is Representing:

PATENT REEL: 022168 FRAME: 0686

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT	
State of California)
County of Santa Clara	SS.
On October 6, 2006, before me,	Susan P Knowlden, Notary Public, Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared <u>Stephen</u>	Name and Title of Officer (e.g., "Jane Doe, Notary Public") D Smitson Name(s) of Signer(s)
	Name(s) of Signer(s)
	personally known to me
SUSAN P. KNOWLDEN Commission # 1613560 Notary Public - California Santa Clara County My Comm. Expires Oct 16, 2009	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.
Place Notary Seal Above	WITNESS my hand and official seal. Signature of Notary Public
Though the information below is not required by law	TIONAL n, it may prove valuable to persons relying on the document
Description of Attached Document	plication Transmittal, Docket No. D-0565-U
Document Date: August 10, 2006	
	ry, Alex Mataban, Paul Ramstad
Capacity(ies) Claimed by Signer(s) Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing:	OF SIGNER

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PATENT REEL: 022168 FRAME: 0687

Item No. 5907 Reorder: Call Toll-Free 1-800-876-6827

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California County of Santa Clara October 11, 2006, before me, appeared personally Name(s) of Signer(s) personally known to me 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 SUSAN P. KNOWLDEN signature(s) on the instrument the person(s), or the Commission # 1613560 entity upon behalf of which the person(s) acted, Notary Public - California executed the instrument. Santa Clara County My Comm. Expires Oct 16, 2009 WITNESS my hand and official seal. Place Notary Seal Above OPTIONAL . Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. **Description of Attached Document** Title or Type of Document: Design Paten + Application Transmitted | Docket No. D-0565-US Document Date: Augus F 10, 2006 Number of Pages: 24 Signer(s) Other Than Named Above: Poul Ramstad, Steve Sm. 4650n, Alex Mafaban Capacity(ies) Claimed by Signer(s) Signer's Name: Donna S Levy Signer's Name: _ 🛕 Individual Individual ☐ Corporate Officer — Title(s): □ Corporate Officer — Title(s): _ □ Partner — □ Limited □ General □ Partner — □ Limited □ General OF SIGNER ☐ Attorney in Fact ☐ Attorney in Fact Top of thumb here Top of thumb here □ Trustee □ Trustee ☐ Guardian or Conservator ☐ Guardian or Conservator ☐ Other: Other: _ Signer Is Representing: Signer Is Representing:

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Docket No.: D-0565-US

FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
MATABAN, Alexis A.	
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
	ADDRESS OF WITNESS:
DATE:	
(day / month / year)	
FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
SMITHSON, Stephen Derek	FULL NAME OF WITNESS.
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
	ADDRESS OF WITNESS:
DATE:(day / month / year)	
CHILDS, Daniel K.	FULL NAME OF WITNESS:
FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE:	ADDRESS OF WITNESS:
(day / month / year)	
FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
TIVNON, Matthew William	Joyce F. Bur Ke
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: 12/10/06	ADDRESS OF WITNESS: 26741 Portole Play Foothire Rand CA 9240
(day / month / year)	
State of California C Subscribed and swor Before me on this 12 da	rn to (or affirmed)

JOYCE F. BURKE COMM...1588727 NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY My Term Exp. June 20, 2009

- 3 -

Matthew William TIUNON

personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

RECORDED: 01/28/2009