

PATENT ASSIGNMENT

Electronic Version v1.1
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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Mr. Brian Courtney	04/22/2010
RECEIVING PARTY DATA	
Name:	Sunnybrook Health Sciences Centre
Street Address:	2075 Bayview Avenue
City:	Toronto
State/Country:	CANADA
Postal Code:	M4V 2G7
PROPERTY NUMBERS Total: 2	
Property Type	Number
PCT Number:	CA1000494
Application Number:	12751800
CORRESPONDENCE DATA	
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ATTORNEY DOCKET NUMBER:	J350U001US02
NAME OF SUBMITTER:	Christine Johnson
Total Attachments: 2 source=367_056 ASSIGN#page1.tif source=367_056 ASSIGN#page2.tif	

OP \$80.00 CA1000494

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PATENT
REEL: 024453 FRAME: 0150

WORLDWIDE ASSIGNMENT

I, **Brian COURTNEY**, whose full post office address is 374 Balliol Street, Toronto, Ontario M4S 1E2, Canada, have invented "**MEDICAL DEVICE WITH MEANS TO IMPROVE TRANSMISSION OF TORQUE ALONG A ROTATIONAL DRIVE SHAFT**" for which the United States patent application was filed:

Filing Date: **March 31, 2010**
Serial No. **12/751,800**

and for which the International PCT patent application was filed:

Filing Date: **March 31, 2010**
Serial No. **PCT/CA2010/000494**

in consideration of Two Dollars (\$2.00) paid to me, the receipt and sufficiency of which is hereby acknowledged, and other good and valuable consideration, I by these presents confirm that I 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 MY rights, title and interest in the United States, and all other countries of the world in and to MY invention as fully described and claimed in the United States patent application, and I sell, assign and transfer to **SUNNYBROOK HEALTH SCIENCES CENTRE**, all MY 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 MY 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.

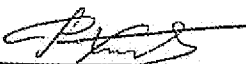
AND I UNDERTAKE to sign such further documents to effect the aforesaid sale, assignment and transfer as may be required from time to time, without reimbursement, but at the expense of **SUNNYBROOK HEALTH SCIENCES CENTRE**.

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

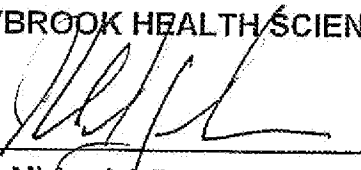
SIGNED AT (City/Town) Toronto, this 22nd day of April, 2010.

 Brian COURTNEY
DECLARATION OF WITNESS

I, Rizanna Khachatryan whose full post office address is
26-892 Eglinton Ave E Toronto, 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 22nd day of April, 2010.


(Signature of Witness)

SIGNED AT (City/Town) Toronto, this 12th day of April, 2010.**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 Hedden Blvd, Scarborough, ON M1K 1A8, 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 12th day of April, 2010


(Signature of Witness)