

PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Fred TAM	08/24/2011
RECEIVING PARTY DATA	
Name:	SUNNYBROOK HEALTH SCIENCES CENTRE
Street Address:	2075 Bayview Avenue
City:	Toronto, Ontario
State/Country:	CANADA
Postal Code:	M4N 3M5
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11707266
CORRESPONDENCE DATA	
Fax Number:	(703)739-9888
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<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>	
Correspondent Name:	Dowell & Dowell, P.C.
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Address Line 2:	Suite 220
Address Line 4:	Alexandria, VIRGINIA 22314
ATTORNEY DOCKET NUMBER:	15693
NAME OF SUBMITTER:	Alyssa Ann Finamore
Total Attachments: 2 source=15693assignment#page1.tif source=15693assignment#page2.tif	

OP \$40.00 11707266

501690367

PATENT
REEL: 027060 FRAME: 0085

WORLDWIDE ASSIGNMENT

I, Fred TAM whose full post office address is, 75 Mortimer Avenue, Toronto, Ontario M4K 2A2, Canada, have invented "METHOD AND APPARATUS FOR COMPUTERIZED DRAWING AND WRITING DURING FUNCTIONAL MAGNETIC RESONANCE IMAGING" for which the United States patent application was filed:

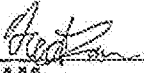
Filing Date: February 16, 2007
Serial No. 11/707,266

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 particulars of the signature and particulars of the Declaration when missing.


SIGNED AT (City/Town) Toronto, this 24th day of August, 2011.


Fred TAM

DECLARATION OF WITNESS

I, MEREDITH MALONEY whose full post office address is
2003-7 CONCORDE PLACE, hereby declare that I was personally present and
did see Fred TAM 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 24 day of AUG, 2011.

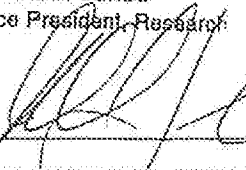

(Signature of Witness)

SIGNED AT (City/Town) Toronto, this 26th day of September, 2011.

SUNNYBROOK HEALTH SCIENCES CENTRE

Name Michael Julius ↑
Title: Vice President, Research

DECLARATION OF WITNESS

I,  Terrie Banks, whose full post office address
is _____, 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 26 day of Sept, 2011


(Signature of Witness)