

Mail Stop: Assignment Recordation Services Director of the U.S. Patent and Trademark Office P.O. Box 1450 Alexandria, VA 22313-1450		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office	
Attorney Docket No. <u>152190</u>					
Please record the attached document.					
Total number of pages including cover sheet, attachments, and document: <u>3</u>					
1. A. Name of conveying parties: Dan HASHIMSHONY Gil COHEN B. Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			2. A. Name and address of receiving party: DUNE MEDICAL DEVICES LTD. 20 ALON HATAVOR STREET INDUSTRIAL PARK-SOUTH CAESAREA 38900 ISRAEL B. Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. A. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ B. Execution Date: <u>ALL: January 15, 2012</u>					
4. A. Patent Application No.(s) <u>13/387,504</u> B. Patent No.(s) Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No C. Title of Application: <u>SURGICAL TOOL</u>					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>James A. Oliff</u> Address: OLIFF & BERRIDGE, PLC P.O. Box 320850 Alexandria, VA 22320-4850 Phone Number: 703-836-6400 Fax Number: 703-836-2787			6. Total number of applications and patents involved: <u>1</u> 7. Please charge Deposit Account No. 15-0461 the total fee (37 CFR 3.41) in the amount of <u>\$40.00</u> . 8. Credit any overpayment or charge any underpayment to deposit account number 15-0461.		
9. Statement and signature. <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 60%;"> _____ James A. Oliff, Registration No. 27,075 Benjamin S. Probyl, Registration No. 60,256 </div> <div style="width: 35%; text-align: right;"> Date: <u>January 27, 2012</u> </div> </div>					

CH \$40.00 150461 13387504

ASSIGNMENT

Full Name of Inventor: Dan HASHIMSHONY
Citizenship: Israeli
Post Office Address: 1 Simtat Halrit Street
Givat Ada 37808
Israel

Full Name of Inventor: Gil COHEN
Citizenship: Israeli
Post Office Address: 24/9 Reuven Arazi Street
Jerusalem 97822
Israel

For good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the undersigned agree(s) to assign, and hereby do (does) assign, transfer and set over to

Name of Assignee Dune Medical Devices Ltd.
Israeli Comapny, of
Address of Assignee 20 Alon Hatavor Street
Industrial Park-South
Caesarea 38900
Israel

(hereinafter designated as the Assignee) the entire right, title and interest for the United States, its territories, dependencies and possessions and elsewhere throughout the world, in the invention, and all applications for patent and any Letters Patent which may be granted therefore, known as

Title SURGICAL TOOL

for which the undersigned has (have) executed an application for patent in the United States of America, the specification of which:

☒ is attached hereto.
☐ was filed on as Application Serial No. 13/387,504

1) The undersigned agree(s) to execute all papers necessary in connection with the application and any continuing or divisional or reissue applications thereof and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient or essential to its full protection and title in and to the invention hereby transferred.

2) The undersigned agree(s) to execute all papers necessary in connection with any interference which may be declared concerning this application or continuation or division or re-issue thereof and to cooperate with the Assignee in every way possible in obtaining evidence and going forward with such interference.

3) The undersigned agree(s) to perform all affirmative acts which may be necessary to obtain a grant of a valid United States patent to the Assignee.

4) The undersigned agree(s) to communicate to the Assignee or representatives thereof any facts known to me (us) respecting the invention and improvements thereof, and will, upon request, but without expense to me (us), testify in any legal proceedings regarding the invention.

5) The undersigned hereby authorize(s) and request(s) the Commissioner of Patents to issue any and all Letters Patents of the United States resulting from said application or any division or divisions or continuing applications thereof to the said Assignee, as Assignee of the entire interest, and hereby covenants that he has (they have) full right to convey the entire interest herein assigned, and that he has (they have) not executed and will not execute, any agreement in conflict herewith.

Page 2 of 2 Pages

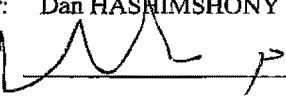
Attorney's Docket No.: PLEASE PROVIDE

6) The undersigned hereby grant(s) the firm of Oliff & Berridge, PLC the power to insert on this assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent Office for recordation of this document.

7) This Assignment shall be binding upon my (our) heirs, executors, administrators, and/or assigns, and shall inure to the benefit of the heirs, executors, administrators, successors and/or assigns of the Assignee.


In witness whereof, executed by the undersigned on the date(s) opposite the undersigned name(s).

Full Name of Inventor: Dan HASHIMSHONY

Inventor's Signature: 

Date: 15/1/2012

Full Name of Inventor: Gil COHEN

Inventor's Signature: 

Date: 15/1/2012

Date _____

Witness _____

Date _____

Witness _____