

## PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT												
NATURE OF CONVEYANCE:	ASSIGNMENT												
CONVEYING PARTY DATA													
<table border="1"> <thead> <tr> <th>Name</th> <th>Execution Date</th> </tr> </thead> <tbody> <tr> <td>Amir Berger</td> <td>09/09/2012</td> </tr> <tr> <td>Dmitry Teiff</td> <td>09/09/2012</td> </tr> <tr> <td>Yuval Ben-Ze'ev</td> <td>09/09/2012</td> </tr> </tbody> </table>		Name	Execution Date	Amir Berger	09/09/2012	Dmitry Teiff	09/09/2012	Yuval Ben-Ze'ev	09/09/2012				
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RECEIVING PARTY DATA													
<table border="1"> <tr> <td>Name:</td> <td>Carestream Health, Inc.</td> </tr> <tr> <td>Street Address:</td> <td>150 Verona Street</td> </tr> <tr> <td>Internal Address:</td> <td>Attn: Patent Legal Staff</td> </tr> <tr> <td>City:</td> <td>Rochester</td> </tr> <tr> <td>State/Country:</td> <td>NEW YORK</td> </tr> <tr> <td>Postal Code:</td> <td>14608</td> </tr> </table>		Name:	Carestream Health, Inc.	Street Address:	150 Verona Street	Internal Address:	Attn: Patent Legal Staff	City:	Rochester	State/Country:	NEW YORK	Postal Code:	14608
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CORRESPONDENCE DATA													
<p>Fax Number: 5856278919  <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: 585-627-6716        Email: patent@carestream.com        Correspondent Name: Carestream Health, Inc. ATTN: Patent Leg        Address Line 1: 150 Verona Street        Address Line 4: Rochester, NEW YORK 14608</p>													
ATTORNEY DOCKET NUMBER:	95191												
NAME OF SUBMITTER:	Laurie A. Wurtz												
<p>Total Attachments: 2        source=95191_Assignment_1#page1.tif        source=95191_Assignment_1#page2.tif</p>													

OP \$40.00 13563777

ASSIGNMENT

For good and valuable consideration received, including salary or payment for the making of inventions, or employee benefits, I/we do hereby assign to Carestream Health, Inc., a Delaware corporation having a principal place of business in Rochester, New York, its successors and assigns, the entire right, title and interest, including priority rights, in and to all of my/our inventions and improvements disclosed in an application for patent for

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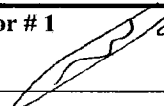
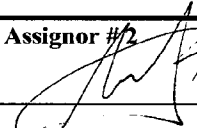
which is [check one]

- ☒ a non-provisional application for patent executed on the date(s) shown below by:  
☐ a provisional application for patent by :  
☐ an international application for patent by :

Assignor # 1: Amir Berger	Date 9/9/12
Assignor # 2: Dmitry Teif	Date 9/9/12
Assignor # 3: Yuval Ben-Ze'ev	Date 9/9/12

and [check one] ☐ about to be filed ☒ already filed as USSN: 13/563,777 filed on August 1, 2012

in the United States Patent and Trademark Office, together with said application, and any corresponding or counterpart provisional or non-provisional application, and any divisional, continuation, substitute, reissue, re-examination application thereof, and any applications, including international applications, corresponding or being a counterpart thereto in whole or in part in the United States and all other countries. I/We do hereby acknowledge that I/we were subject to an obligation of assignment to Carestream Health, Inc. with respect to the entire right, title and interest in and to said inventions at the time the inventions were made. I/We also do hereby assign to Carestream Health, Inc. the entire right, title and interest in and to Letters Patent and similar protective rights granted on any of these applications, as well as the right to claim any applicable priority rights arising from any of these applications under the terms of any applicable conventions, treaties, statutes or regulations. I/We agree that any of these applications, at Carestream Health, Inc.'s sole discretion, may be filed and issued in the name of Carestream Health, Inc. or its designee. I/We agree to execute such documents which in the judgment of Carestream Health, Inc. may be necessary to obtain any such patents and similar protective rights and to maintain the title thereto in Carestream Health, Inc. or its designee. I/We further agree that, upon request, but without out-of-pocket expense to myself/ourselves, I/we shall furnish to Carestream Health, Inc. or its designee any data, information, exhibits, memoranda, or other evidence in my/our possession relating to any of said inventions or improvements and shall testify in any ex parte or inter partes legal or administrative proceedings relating thereto. I/We authorize and request issuance of all Letters Patent and similar protective rights that may be granted on any of these applications, to the extent that and in such manner as such issuance shall be requested by Carestream Health, Inc. or its designee. This document shall be governed, construed and interpreted in all respects in accordance with the laws of the State of New York, USA.

<b>Signature of Assignor # 1</b>  Amir Berger Date: 9/9/2012 Witnessed: Nirit Shurless	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 <u>Alone Aba, 36005 Israel</u>
<b>Signature of Assignor #2</b>  Dmitry Teif Date: 9/9/2012 Witnessed: Nirit Shurless	Witness Address, if other than Carestream Health, Inc., Rochester, NY 14608 <u>Alone Aba, 36005, Israel</u>

Signature of Assignor # 2

Yuval Ben-Ze'ev

Date: 9/9/12

Witnessed: Nirit Sturles

Witness Address, if other than  
Carestream Health, Inc., Rochester, NY 14608

Along Aba, 36005, Israel