

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT3085873

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
BRIAN COURTNEY	02/06/2008
NIGEL ROBERT MUNCE	02/06/2008
AMANDEEP SINGH THIND	02/06/2008
VICTOR XIAO DONG YANG	02/11/2008
FRANCIS STUART FOSTER	01/31/2008
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:	14263862
CORRESPONDENCE DATA	
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Email:	dowell@dowellpc.com
Correspondent Name:	DOWELL & DOWELL, P.C.
Address Line 1:	103 ORONOCO ST
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Address Line 4:	ALEXANDRIA, VIRGINIA 22314
ATTORNEY DOCKET NUMBER:	18940CON
NAME OF SUBMITTER:	JEREMY W. MILLER
SIGNATURE:	/Jeremy W. Miller 72995/
DATE SIGNED:	10/29/2014
Total Attachments: 4	
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WORLDWIDE ASSIGNMENT

WE, **BRIAN COURTNEY, NIGEL ROBERT MUNCE, AMANDEEP SINGH THIND, VICTOR XIAO DONG YANG** and **FRANCIS STUART FOSTER** whose full post office addresses are; 75 Oriole Road, #204, Toronto, Ontario M4V 2E9, Canada, 889 Bay Street, Apartment 904, Toronto, Ontario M5S 3K5, Canada, 108 Redpath Avenue, Unit 12, Toronto, Ontario M4S 2J7, Canada, #22, 325 Jarvis Street, Toronto, Ontario M5B 2C2, Canada and 25 Glen Oak Drive, Toronto, Ontario M4E 1Y4, Canada, respectively, have invented **"IMAGING PROBE WITH COMBINED ULTRASOUND AND OPTICAL MEANS OF IMAGING"** for which the United States provisional patent application was filed:

Filing Date: **January 19, 2007**
Serial No. **60/881,169**

and for which the International PCT application was filed:

Filing Date: **January 21, 2008**
Serial No. **PCT/CA2008/000089**

and for which the U.S. application was filed:

Filing Date: **January 22, 2008**
Serial No. **12/010,208**

in consideration of Two Dollars (\$2.00) paid to us, the receipt and sufficiency of which is hereby acknowledged, and other good and valuable consideration, WE by these presents confirm that WE 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 OUR rights, title and interest in the United States, and all other countries of the world in and to OUR invention as fully described and claimed in the United States patent application, and WE sell, assign and transfer to **SUNNYBROOK HEALTH SCIENCES CENTRE**, all OUR 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 OUR 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 WE 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 WE authorize HILL & SCHUMACHER, Patent and Trademark Agents, of 264 Avenue Road, Toronto, Ontario M4V 2G7, Canada to enter the Serial No.'s of the PCT and United States patent applications and particulars of the signature and particulars of the Declaration when missing.

SIGNED AT (City/Town) Toronto, this 6th day of February, 2008.


BRIAN COURTNEY

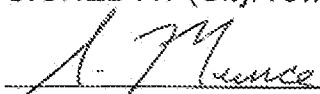
DECLARATION OF WITNESS

I, Raphael Ronen whose full post office address is 419-45 CARLTON ST
Toronto, Ontario M5S 2K9 Canada, 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 6th day of February, 2008.


(Signature of Witness)

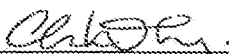
SIGNED AT (City/Town) Toronto, this 6th day of February, 2008


NIGEL ROBERT MUNCE

DECLARATION OF WITNESS

I, Alvina Chan whose full post office address is Unit 147, 124 Pusey
Place, Scarborough, Ontario, Canada hereby declare that I was personally present and did see **NIGEL ROBERT MUNCE** 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 6th day of February, 2008.


(Signature of Witness)

SIGNED AT (City/Town) Toronto, this 6th day of February, 2008


AMANDEEP SINGH THIND

DECLARATION OF WITNESS

I, Sandra Teitelbaum whose full post office address is 126 West Beaver Creek Dr
Thornhill, ON L4Y 7J6, hereby declare that I was personally present and did see **AMANDEEP SINGH THIND** 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 6th day of February, 2008.


(Signature of Witness)


SIGNED AT (City/Town) Toronto, this 11 day of February, 2008


VICTOR XIAO DONG YANG

DECLARATION OF WITNESS

I, Roger Somerville whose full post office address is 21 Tunbridge Cres.
Etobicoke, ON M9A 3L5, hereby declare that I was personally present and did see **VICTOR XIAO DONG YANG** 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 11 day of Feb, 2008.


(Signature of Witness)

SIGNED AT (City/Town) Toronto

, this 3rd day of Jan, 2008


FRANCIS STUART FOSTER

DECLARATION OF WITNESS

I, Janet Binding whose full post office address is 93 Bold St., Hamilton, ON, hereby declare that I was personally present and did see FRANCIS STUART FOSTER who is personally known to me to be the person named in the above assignment duly sign and execute the same.

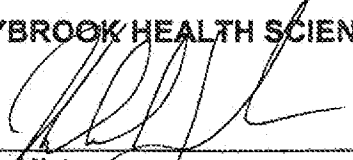
DECLARED at (City/Town) Toronto, this 3rd day of Jan, 2008.


(Signature of Witness)

SIGNED AT (City/Town) Toronto

, this 22 day of February, 2008.

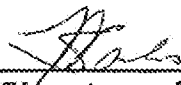
SUNNYBROOK HEALTH SCIENCES CENTRE


Name: Michael Julius
Title: Vice President, Research

DECLARATION OF WITNESS

I, Terrie Banks, whose full post office address is 116 North Hodgson Blvd To an mixing 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 22 day of February 2008.


(Signature of Witness)