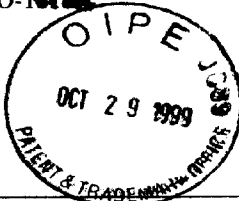


11-02-1999



101186921



MRD  
10/29/99

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

#### Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID # \_\_\_\_\_
- Correction of PTO Error  
Reel # \_\_\_\_\_ Frame # \_\_\_\_\_
- Corrective Document  
Reel # \_\_\_\_\_ Frame # \_\_\_\_\_

#### Conveyance Type

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment  
Effective Date  
Month Day Year \_\_\_\_\_
- Merger
- Change of Name
- Other \_\_\_\_\_

#### Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year \_\_\_\_\_

Name Mentor Ophthalmics, Inc.

Formerly \_\_\_\_\_

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization Massachusetts

#### Receiving Party

Mark if additional names of receiving parties attached

Name Xomed, Inc.

DBA/AKA/TA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 6743 Southpoint Drive, North

Address (line 2) \_\_\_\_\_

Address (line 3) Jacksonville Florida 32216  
City State/Country Zip Code

- Individual  General Partnership  Limited Partnership  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Resignation must be a separate document from Assignment.)
- Corporation  Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization Delaware

11/01/1999 MTHA11 00000230 968265

FOR OFFICE USE ONLY

01 FC:481  
02 FC:482

40.00 OP  
175.00 OP

0000066278  
11/01/1999

CHIEF INFORMATION OFFICER

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

Refund Ref  
11/01/1999

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

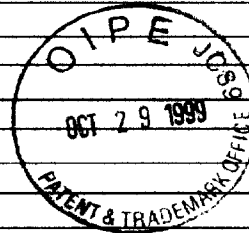
Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)



**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages** Enter the total number of pages of the attached conveyance document including any attachments.

#

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="968,265"/>	<input type="text" value="1,852,307"/>	<input type="text" value="1,837,813"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1,655,885"/>	<input type="text" value="1,837,370"/>	<input type="text" value="1,844,281"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1,712,652"/>	<input type="text" value="1,837,812"/>	<input type="text"/>

**Number of Properties** Enter the total number of properties involved.

#

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment: Enclosed  Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

**Statement and Signature**

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. Charges to deposit account are authorized, as indicated herein.

Robert H. Epstein

Name of Person Signing

Signature

10/29/99

Date Signed

**ASSIGNMENT**

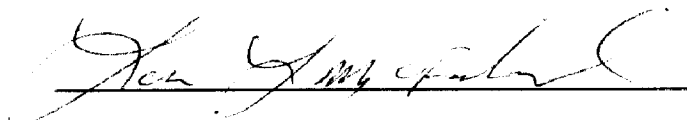
WHEREAS, Mentor Ophthalmics, Inc. (hereinafter referred to as "Assignor"), a corporation duly organized and existing under the laws of the State of Massachusetts, located and having a principal place of business at 201 Mentor Drive, Santa Barbara, CA 93111, has adopted, used and owns the trademarks listed on Schedule I in interstate commerce and is the owner of the U.S. Trademark Registrations therefor, which registrations have been given the Registration Numbers listed on Schedule I and has acquired goodwill in connection with such use; and

WHEREAS, Xomed, Inc. (hereinafter referred to as "Assignee"), a corporation duly organized and existing under the laws of the State of Delaware, having a principal place of business at 6743 Southpoint Drive North, Jacksonville, Florida 32216-0980, is desirous of acquiring all rights, title, goodwill and interest in and to said trademarks.

NOW, THEREFORE, in consideration of and in exchange for the sum of ten dollars (\$10.00) and other good and valuable consideration, receipt of which is hereby acknowledged, said Assignor does hereby assign unto said Assignee all rights, title and interest in and to the trademarks together with the goodwill of the business symbolized by the trademarks.

**MENTOR OPHTHALMICS, INC.**

10/4/99  
Date

  
\_\_\_\_\_

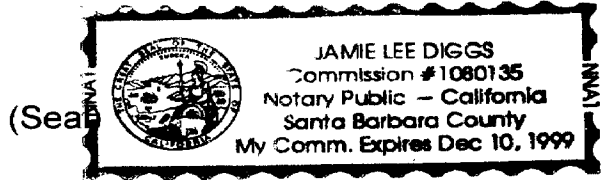
Assignment  
U.S. Trademark Registrations

STATE OF CALIFORNIA  
COUNTY OF SANTA BARBARA

On 10/4/99, 1999 before me, Jamie Lee Diggs [insert name], a Notary Public, personally appeared Loren L. McFarland personally known to me (~~or proved to me on the basis of satisfactory evidence~~) to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he~~ she ~~they~~ she executed the same in ~~his~~ her ~~their~~ her authorized capacity(~~s~~), and that by ~~his~~ her ~~their~~ her signature(~~s~~) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Jamie Lee Diggs



**Schedule I**

<b>Registration No.</b>	<b>Trademark</b>
968,265	WET-FIELD
1,655,885	POLYPORE
1,712,652	DURASTAT
1,852,307	B-VAT
1,837,370	BIO-PEN
1,837,812	OCU-FILM
1,837,813	PACH-PEN
1,844,281	TONO-PEN