

Client Code: MAXIM.49CPCP

05-18-1998

RE

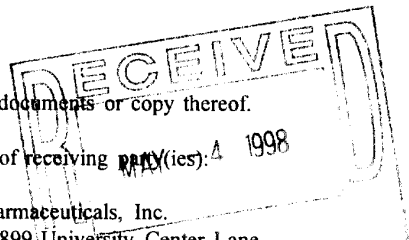


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TO THE ASSISTANT COMMISSIONER FOR PATENTS, U.S. DEPARTMENT OF COMMERCE

national documents or copy thereof.



1. Name of conveying party(ies):

- A. Kristoffer Hellstrand
- B. Svante Hermodsson
- C. Kurt R. Gehlsen

54-98

Additional name(s) of conveying party(ies) attached?
() Yes (X) No

2. Name and address of receiving party(ies):

Name: Maxim Pharmaceuticals, Inc.
 Street Address: 8899 University Center Lane
 Internal Address: Suite 200
 City: San Diego State: California ZIP: 92122

*NOTE: The cover sheet reflects the current address of the ASSIGNEE, which has changed since the signing of the Assignment documents.

Additional name(s) of receiving party(ies) attached?
() Yes (X) No

3. Nature of conveyance:

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other:

Execution Date:

- A. 04/23/98
- B. 04/23/98
- C. 03/27/98

4. Application number(s) or Patent number(s):

() Application(s) filed herewith Execution Date(s):

Patent Application No.: 08/969,384
Filing Date: 11/13/97

() Patent No.
Issue Date:

Additional numbers attached? () Yes (X) No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: AnneMarie Kaiser
 KNOBBE, MARTENS, OLSON & BEAR, LLP
 Customer No. 20,995
 Internal Address: Sixteenth Floor
 Street Address: 620 Newport Center Drive
 City: Newport Beach State: CA ZIP: 92660
 Attorney's Docket No.: MAXIM.49CPCP

7. Total fee (37 CFR 3.41): \$40.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number: 11-1410

Please charge this account for any additional fees which may be required, or credit any overpayment to this account.

6. Total number of applications and patents involved: 1

9. 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.

AnneMarie Kaiser
Name of Person Signing

Signature

May 1, 1998
Date

37,649
Registration No.

Total number of pages including cover sheet, attachments and document: 4

Mail documents to be recorded with required cover sheet information to:

05/15/1998 SSMITH 00000290 08969384

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Assistant Commissioner for Patents
 Box Assignments
 Washington, D.C. 20231

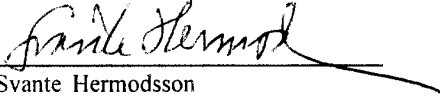
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KNOBBE, MARTENS, OLSON & BEAR, LLP
 CENTER DR. 16TH FLOOR NEWPORT BEACH, CA 92660
 (949) 760 0404 FAX (949) 760-9502

PATENT

REEL: 9166 FRAME: 0579

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 23 day of April, 1998


Svante Hermodsson


STATE OF
COUNTY OF

|| ss.
||

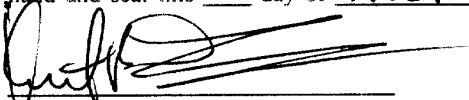
On April 23, 1998, before me, Kurt R. Gehlsen personally appeared Svante Hermodsson personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity(ies), and that by his 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.

[SEAL]


Signature

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 27 day of March, 1998


Kurt R. Gehlsen

STATE OF CALIFORNIA }
COUNTY OF SAN DIEGO } ss.

On 3/27/98, before me, Sheila Deschenes personally appeared Kurt R. Gehlsen 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 executed the same in his authorized capacity(ies), and that by his 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.

[SEAL]


Signature



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