FORM PTO (Expires 06/30/99 OMB 0651-0027	6		07-13-1	998		U.S. Department of Commerce Patent and Trademark Office PATENT
E.	JUL - 6 1998 SS				ET	
MAD TO	4-98	İ	1007619 PATENTS	ÜNLY		
TO: The Commi	ssioner of Paterits a		s: Please record Conveyance		iginal docum	ent(s) or copy(les).
X New	Турс		X Assignment	· —	curity Agreen	nent
Resubmiss Document	sion (Non-Recordation ID#	on)	License	Ch	ange of Name	`
Reel #	of PTO Error Frame: # [Document		Merger	LJ	her vernment S. Government A	gencies)
Reel #	Frame #			Departmental		Secret File
Conveying Pa			Mark if add	litional names of co	nveying parties	attached Execution Date Month Day Year
Name (line 1)	Sucholeiki, Ir	ving		a management of the state of th		05 28 1998
Name (line 2)						Execution Date
Second Party Name (line 1)		edinggangensensensensensen i stylklesenter sette				Month Day Year
Name (line 2)			artik (h. 1860). Malakula katala katala (h. 1860). Malakula katala katala katala katala katala katala katala k Malakula katala kat			
Receiving Pa	rty	NAME OF THE PARTY		Mark if addition	onal names of re	ceiving parties attached
Name (line 1)	is an assignment and the					
Name (line 2)	a Massachusetts corporation receiving party is not domiciled in the United States, an appointment					
Address (line 1)	of a domestic representative is attached. (Designation must be a					
Address (line 2)		On the state of th				separate document from Assignment.)
Address (line 3)	Watertown City		MA State/Co	NIOTO/	0217 Zip Co	
Domestic Re	presentative Na	ame and Ad	ldrocc	Enter for the first R		
Name						
Address (line 1)	appagapat mininagan sa agan saman sa aka sa di Mandalanda (aka aka aka aka aka aka aka aka aka a					
Address (line 2)			need in a select in a selection of the control of t			
Address (line 3)						
Address (line 4)						

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 Itegulatory 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:

REEL: 9293 FRAME: 0826

FORM	PTO-1619B
Expires 06/3	30/99
OMB 0651.	0027

Page 2

U.S. Department of Commerce Patent and Trademark Office PATENT

				PAIENI			
Correspondent	Name and Address	Area Code and Telepl	none Number (61	7) 854–4000			
Name J	erry Cohen						
Address (line 1) c	o Perkins, Sπith & C	Cohen, LLP					
Address (line 2) 01	ne Beacon Street, Sui	Lte 30					
Address (line 3) Bo	oston, MA 02108						
Address (line 4)			The same of the sa				
Pages Enter the total number of pages of the attached conveyance document including any attachments.							
Application Nur	nber(s) or Patent Nun	nber(s)	Mark if add	litional numbers attached			
Enter either the Pai	tent Application Number or the P	Patent Number (DO NOT ENTE					
	Application Number(s)			umber(s)			
08/462,198			mana yamada o amada o dan				
				Pro-Ophi-City of Management of			
If this document is being filed together with a <u>new</u> Patent Application, enter the date the patent application was <u>Month Day Year</u> signed by the first named executing inventor.							
Patent Coopera	tion Treaty (PCT)						
•	CT application number	PCT	PCT	PCT			
	U.S. Application Number	PCT	PCT	PCT			
	been assigned.	PUI	PCI	PCT			
Number of Properties Enter the total number of properties involved. # 1							
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00							
Method of Payment: Enclosed X Deposit Account Deposit Account							
(Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: # 03-2410 Order #10723-101							
	Į.	Authorization to charge ad	ditional fees:	ves X No			
Statement and	Signature		Administrative management of the August an analysis of the August and August				
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.							
Jacob N. Erl		- Jaran My	1	25041, 1998 Date			
Name of F	Person Signing	Signature		Date			

PTO/SB/15 (8-96)
Approved for use through 9/30/98. OMB 0651-0027
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ASSIGNMENT OF APPLICATION	Docket Number (Optional) 10723~101			
205 cochdye	Ave, Unit 110			
205 cocholes Whereas, I, Irving Sucholes Ki of Watertown, MA	02172 , hereafter			
Agitation and Separation of Magnetic	Partitles			
for which an application for a United States Patent was filed on 10 Application Number 58 / 462, 198	Ine 5, 1995,			
for which an application for a United States Patent was executed on				
Whereas, Solid Phase Sciences Corp of Watertown, M "assignee" whose post office address is 205 Coolidge Ave, Unit 110	herein referred to			
	, Watertown Is de-			
sirous of acquiring the entire right, title and interest in the same;				
Now, therefore, in consideration of the sum of \bigcirc ne dollars (\$ 1.00	_), the receipt whereof is ac-			
knowledged, and other good and valuable consideration, I, the applicant, by these presents do sell, assign				
and transfer unto said assignee the full and exclusive right to the said invention in the United States and the				
entire right, title and interest in and to any and all Patents which may be granted therefor in the United States,				
I hereby authorize and request the Commissioner of Patents and Trademarks to issue said United States				
Patent to said assignee, of the entire right, title, and interest in and to the same	e, for his sole use and behoof;			
and for the use and behoof of his legal representatives, to the full end of the te	rm for which said Patent may			
be granted, as fully and entirely as the same would have been held by me had	this assignment and sale not			
been made.				
Executed this 28 day of May	, 19 <u>98</u> ,			
at 225 coolidge Ave Unit 110, Watertown	MA 02172			
	X/M°			
State of Mussachusetts) SS: County of Middlese. Before me personally appeared said Truing Such clerki	Signature)			
and acknowledged the to social the truthent to be his tree act and deed this	8			
Commonwealth of Massica Marsh Kedice Lunger	<i>/</i> *			
Seal Contrionwealth of Massics and Active Languer My General school Specific Para (N	lotary Public)			

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.