

7-6-98



100765613

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original document or copy thereof.

<p>1. Names of conveying parties:</p> <p>1) HORST BERNHARD FISCHER 2) BEATE ILLEK 3) _____ 4) _____ 5) _____ 6) _____</p> <p>Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party:</p> <p>Name: <u>CHILDREN'S HOSPITAL OAKLAND RESEARCH INSTITUTE</u></p> <p>Internal Address: _____</p> <p>Street Address <u>747 FIFTY SECOND STREET</u></p> <p>City: <u>OAKLAND</u> State: <u>CALIFORNIA</u></p> <p>Zip: <u>94609-1809</u></p> <p>Additional names & addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other _____</p> <p>Execution Dates:</p> <p>1) <u>MARCH 9, 1998</u> 4) _____ 2) <u>MARCH 9, 1998</u> 5) _____ 3) _____ 6) _____</p>	

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

07/15/1998 51100000 00000056 08951912

If this document is being filed together with a new application, the execution date of the application is _____

<p>A. Patent Application No(s): <u>08/951,912</u></p>	<p>B. Patent No(s):</p>
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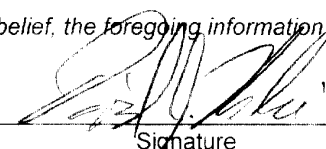
Additional numbers attached? Yes No

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>SEED AND BERRY LLP</u></p> <p>Internal Address: <u>ANN T. KADLECEK</u></p> <p><u>6300 COLUMBIA CENTER</u></p> <p>Street Address: <u>701 FIFTH AVENUE</u></p> <p>City: <u>SEATTLE</u> State: <u>WA</u> ZIP: <u>98104-7092</u></p>	<p>6. Total number of applications and patents involved: <u>1</u></p> <p>7. Total Fee (37 CFR 3.41): <u>\$40</u></p> <p><input checked="" type="checkbox"/> Enclosed</p> <p><input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: <u>19-1090</u></p>
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DO NOT USE THIS SPACE

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.

DAVID J. MAKI  5/24/1998

Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 5

ASSIGNMENT

WHEREAS, we, Horst Bernhard Fischer and Beate Illek (hereinafter referred to as ASSIGNORS), having post office addresses of 839 Carmel Avenue, Albany, California 94706, are the joint inventors of an invention entitled "COMPOSITIONS AND METHODS FOR CYSTIC FIBROSIS THERAPY," as described and claimed in the specification for which an application for United States letters patent was filed on October 16, 1997, and assigned Application No. 08/951,912.

WHEREAS, Children's Hospital Oakland Research Institute (hereinafter referred to as ASSIGNEE), a non-profit organization of the State of California having a place of business at 747 Fifty Second Street, Oakland, California 94609-1809, is desirous of acquiring the entire right, title and interest in and to the invention and in and to any letters patent that may be granted therefor in the United States and in any and all foreign countries:

NOW, THEREFORE, in consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNORS hereby sell, assign and transfer unto said ASSIGNEE the entire right, title and interest in and to said invention, said application and any and all letters patent which may be granted for said invention in the United States of America and its territorial possessions and in any and all foreign countries, and in any and all divisions, reissues and continuations thereof, including the right to file foreign applications directly in the name of ASSIGNEE and to claim priority rights deriving from said United States application to which said foreign applications are entitled by virtue of international convention, treaty or otherwise, said invention, application and all letters patent on said invention to be held and enjoyed by ASSIGNEE and its successors and assigns as fully and entirely as the same would have been held and enjoyed by ASSIGNORS had this assignment, transfer and sale not been made. ASSIGNORS hereby authorize and request the Commissioner of Patents and Trademarks to issue all letters patent on said invention to ASSIGNEE. ASSIGNORS agree to execute all instruments and documents required for the making and prosecution of applications for United States and foreign letters patent on said invention, for litigation regarding letters patent, or for the purpose of protecting title to said invention or letters patent therefor.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5907

State of California

County of Alameda

On March 9, 1998 before me, Jolyce Hardesty, Notary Public

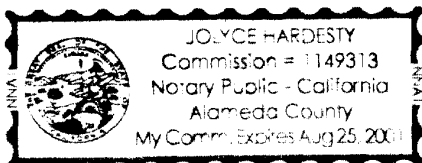
DATE

NAME, TITLE OF OFFICER - E.G. "JANE DOE, NOTARY PUBLIC"

personally appeared Beate Illek

NAME(S) OF SIGNER(S)

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 executed the same in his/her/their authorized capacity(ies), and that by his/her/their 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.

Jolyce Hardesty
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

DESCRIPTION OF ATTACHED DOCUMENT

- INDIVIDUAL
- CORPORATE OFFICER

- PARTNER(S) LIMITED
- ATTORNEY-IN-FACT GENERAL
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

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SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

SIGNER(S) OTHER THAN NAMED ABOVE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5907

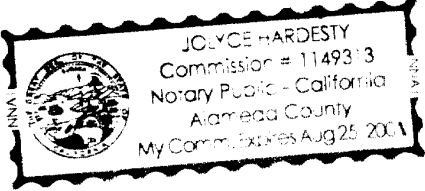
State of California

County of Alameda

On March 9, 1998 before me, Jolyce Hardesty, Notary Public

personally appeared Harriet Bernard Fresher

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~~ executed the same in his/~~her~~/~~their~~ authorized capacity ~~(ies)~~, and that by his/~~her~~/~~their~~ 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.

Jolyce Hardesty
SIGNATURE OF NOTARY

OPTIONAL

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- PARTNER(S) LIMITED
- GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
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SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

_____ SIGNER(S) OTHER THAN NAMED ABOVE

3-9-98
Date

Horst Bernhard Fischer
Horst Bernhard Fischer

State of _____)
County of _____)

ss.

I certify that I know or have satisfactory evidence that Horst Bernhard Fischer is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____

Signature of Notary Public _____

Printed Name _____

My appointment expires _____

3-9-98
Date

Beate Illek
Beate Illek

State of _____)
County of _____)

ss.

I certify that I know or have satisfactory evidence that Beate Illek is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____

Signature of Notary Public _____

Printed Name _____

My appointment expires _____

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