09-18-1998 FORM PTO-1619A U.S. Department of Commerce Expires 06/30/99 Patent and Trademark Office OMB 0651-0027 100833697 **RECORDATION FORM COVER SHEET** 9-14-98 PATENTS ONLY TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or convicts **Submission Type** Conveyance Type X Assignment Security Agreement X New Resubmission (Non-Recordation) License Change of Name Document ID# **Correction of PTO Error** Other Merger U.S. Government Frame # Reel (For Use ONLY by U.S. Government Agencies) **Corrective Document** Frame # Departmental File Secret File Reel Mark if additional names of conveying parties attached Conveying Party(ies) **Execution Date** Month Day Year Name (line 1) Children's Medical Center Corporation 09041998 Name (line 2) **Execution Date** Second Party Name (line 1) Name (line 2) Х Mark if additional names of receiving parties attached Receiving Party Name (line 1) If document to be recorded is an Children's Medical Center Corporation assignment and the receiving party is not domiciled in the Name (line 2) United States, an appointment of a domestic representative is Address (line 1) 300 Longwood Avenue attached. (Designation must be a separate document from Address (line 2) Assignment.) Address (line 3) 02115 **Boston** Massachusetts State/Country Zip Code Enter the first Receiving Party only. Domestic Representative Name and Address Name Address (line 1) Address (line 2) Address (line 3) Address (line 4) FOR OFFICE USE ONLY 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 guaranteed to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and guaranteed to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and guaranteed to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and guaranteed to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and guaranteed to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and guaranteed to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and guaranteed to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and guaranteed to average approximately 30 minutes per Cover Sheet to be recorded to average approximately 30 minutes per Cover Sheet to average approximatel ents regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Informa

Mail documents to be recorded with required cover sheet(s) information to:

Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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ment and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB information Collection Budget Package 0651-0027, Patent and 🚃demark Assignment Practice. DO

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Correspondent I	Name and Address	Area Co	de and Telephone Numb	er 404 873 8794
Name	Patrea L. Pabst, Esq			
Address (line 1)	ARNALL GOLDEN & GREGORY, LLP			
Address (line 2)	2800 One Atlantic Center			
Address (line 3)	1201 West Peachtree Street			
Address (line 4)	Atlanta, GA 30309-3450			
Pages Enter the total number of pages of the attached conveyance document including any attachments. # 1				
Application Number(s) or Patent Number(s) Enter either the Patent Application or the Patent Number (DO NOT ENTER BOTH numbers for the same property). Patent Application Number(s) Patent Number(s)				
09079622				
signed by the first na	med executing inventor.			
Enter PC1 number <u>o</u>	eration Treaty (In application PCT application PCT all signed PCT assigned.	F	ест	PCT 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: # 01-2507				
Authorization to charge additional fees: Yes X 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.				
Patrea L. Pabst, Esc Name of	Person Signing		Signature	September 11, 1998 Date

FORM PTO-1619A

RECORDATION FORM COVER SHEET CONTINUATION

U.S. Department of Commerce

Expires 06/30/99 Patent and Trademark Office PATENTS ONLY OMB 0651-0027 PATENT Mark if additional names of conveying parties attached Conveying Party(ies) **Execution Date** Enter additional Conveying Parties Month Day Year Name (line 1) Name (line 2) **Execution Date** Month Day Year Name (line 1) Name (line 2) **Execution Date** Month Day Year Name (line 1 Name (line 2) **Execution Date** Month Day Year Name (line 1) Name (line 2) Mark if additional names of receiving parties attached Receiving Party(ies) Name (line 1) Brigham and Women's Hospital If document to be recorded is an assignment and the receiving party is not domiciled in the Name (line 2) United States, an appointment of a domestic representative Address (line 1) 75 Francis Street attached. (Designation must be a separate document from Assignment.) Address (line 2) Address (line 3) Boston Massachusetts 02115 Name (line 1) If document to be recorded is an assignment and the receiving party is not domiciled in the Name (line 2) United States, an appointment of a domestic representative is Address (line 1) attached. (Designation must be a separate document from Address (line 2) Assignment.) Address (line 3) State/Country Zip Code Application Number(s) or Patent Number(s) Mark if additional numbers attached Enter either the Patent Application or the Patent Number (DO NOT ENTER BOTH numbers for the same property). Patent Application Number(s) Patent Number(s)

ASSIGNMENT

Childrens Medical Center Corporation, a legal entity of the Commonwealth of Massachusetts. having its principal place of business at 300 Longwood Avenue, Boston, Massachusetts 02115, in consideration of Ten Dollars and other valuable consideration paid to it by Brigham and Women's Hospital, a legal entity of the Commonwealth of Massachusetts, having its principal place of business at 75 Francis Street, Boston, Massachusetts 02115, the receipt of which is hereby acknowledged, do hereby sell, assign and transfer a joint and undivided interest to Childrens Medical Center Corporation, and Brigham and Women's Hospital, their successors and assigns, its entire interest for the United States of America and its territories and all foreign countries and jurisdications, including all rights of priority under the International Convention for the Protection of Industrial Property, in and to a certain invention or improvement in "LOCAL ANESTHETIC FORMULATIONS" described in U.S. Serial No. 09/079.622 filed May 15, 1998, with the United States Patent and Trademark Office. And it agrees, for itself and its executors and administrators, with said corporations and their successors and assigns but at their expense or charges, hereafter to execute all applications, amended specifications, deeds or other instruments, and to do all acts necessary or proper to secure the grant of Letters Patent in the United States and in all other countries to said corporations, with specifications and claims in such form as shall be approved by the counsel of said corporations and to vest and confirm in said corporations, their successors and assigns, the legal title to all such patents.

And it does hereby authorize and request the Commissioner of Patents and Trademarks of the United States to issue such Letters Patent as shall be granted upon said application or applications based thereon to said corporations, their successors and assigns.

WITNESS my hand and seal this 4th day of September, 1998.

Childrens Medical Center Corporation,

Title: Vice President Research Administration

County of Soffet)ss.

Then personally appeared the above named <u>Milliam New</u> and acknowledged the foregoing instrument to be his/her free act and deed, before me, this <u>4</u> day of <u>September</u>, 1998.

My Commission expires $\frac{2/18/05}{}$

Notary Public

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ASSIGNMENT

We, Daniel S. Kohane of 41 Leslie Road, Newton, Massachusetts 02166, Charles B. Berde of 14 Doran Road, Brookline, Massachusetts 02146, Gary Strichartz of 49 Oldfield Drive, Sherborn, Massachusetts 01770, and Robert S. Langer of 77 Lombard Street, Newton, Massachusetts 02158, in consideration of Ten Dollars and other valuable consideration paid to us by Children's Medical Center Corporation, a corporation of the Commonwealth of Massachusetts, having its principal place of business at 300 Longwood Avenue, Boston, Massachusetts 02115, the receipt of which is hereby acknowledged, do hereby sell, assign and transfer unto said Children's Medical Center Corporation, its successors and assigns, the entire interest for the United States of America and its territories and all foreign countries and jurisdictions, including all rights of priority under the International Convention for the Protection of Industrial Property in a certain invention or improvement in "LOCAL ANESTHETIC FORMULATIONS" described in U.S. Patent Application No. 09/079,622, filed May 15, 1998, by Daniel S. Kohane, Charles B. Berde, Gary Strichartz, and Robert S. Langer, in the United States Patent and Trademark Office, and in all Letters Patent of the United States and its territories and all foreign countries and jurisdictions which may or shall be granted on said invention, or any parts thereof, or on said application, or any divisional, continuation, continuation-in-part, reissue or other applications based in whole or in part thereon. And we agree, for ourselves and our executors and administrators, with said corporation and its successors and assigns but at its or their expense or charges, hereafter to execute all applications, amended specifications, deeds or other instruments, and to do all acts necessary or proper to secure the grant of Letters Patent in the United States and its territories and in all other foreign countries and jurisdictions to said corporation, with specifications and claims in such form as shall be approved by the counsel of said corporation and to vest and confirm in said corporation, its successors and assigns, the legal title to all such patents.

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And we do hereby authorize and request the Commissioner of Patents and Trademarks of the United States to issue such Letters Patent as shall be granted upon said application or applications based thereon to said corporation, its successors and assigns.

WITNESS my hand and	d seal this, 1998.
, .	Daniel S. Kohane
	Daniel S. Kohane
Commonwealth of Massachuse County of Massachuse	etts))ss.
Then personally appear the foregoing instrument to be \(\frac{1}{2}\) \(ed the above named Daniel S. Kohane and acknowledged his free act and deed, before me, thisday of

My Commission expires

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PATENT

WITNESS my hand and seal this	day of	
	Mules Gull	
	Charles B. Berde	
Commonwealth of Massachusetts County of))ss.	
Then personally appeared the above named Charles B. Berde and acknowledged the foregoing instrument to be his free act and deed, before me, this		
	May 6 Du Muss. Notary Public	
My Commission expires <u>08-07-03</u>		

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WITNESS my I	nand and seal this _	Ba	day of	fune Luchar	_, 1998. t
Commonwealth of Massa County of		(ufy R. Stri	chartz	0
icknowledged the forego	y appeared the aboving instrument to be	e his free	-		
My Cammicsian avniras	JAMES A. WEBBER, JR. NOTARY PUBLIC My Commission Expires September 18, 2003	•	Omes F Notary	t Webb Public	es (1

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REEL: 9454 FRAME: 0841

And we do hereby authorize and request the Commissioner of Patents and Trademarks of the United States to issue such Letters Patent as shall be granted upon said application or applications based thereon to said corporation, its successors and assigns.

WITNESS my hand and seal th	nis day of, 1998.
, .	Daniel S. Kohane Daniel S. Kohane
Commonwealth of Massachusetts County of Massachusetts))ss.
Then personally appeared the the foregoing instrument to be his free 1998.	above named Daniel S. Kohane and acknowledged e act and deed, before me, thisday of
	$\bigcap_{i=1}^{n}\bigcap_{j=1}^{n}\bigcap_{i=1}^{n}\bigcap_{j=1}^{n}\bigcap_{i=1}^{n}\bigcap_{j=1}^{n}\bigcap_{i=1}^{n}\bigcap_{j=1}^{n}\bigcap_{i=1}^{n}\bigcap_{j=1}^{$

My Commission expires

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WITNESS my hand and seal this _	1/ day of June, 1998.	
_	Thyle bull	
	Charles B. Berde	
Commonwealth of Massachusetts) County of):	ss.	
Then personally appeared the above named Charles B. Berde and acknowledged the foregoing instrument to be his free act and deed, before me, this		
	May De Du Tass. Notary Public	
My Commission expires <u>08-07-03</u>		

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WITNESS my hand and seal this	Day Retricharto
Commonwealth of Massachusetts County of	() Carly R. Strichartz)))ss.
Then personally appeared the aboacknowledged the foregoing instrument to be	ve named Gary R. Strichartz and be his free act and deed, before me, this , 1998.
JAMES A. WEBBER, JF NOTARY PUBLIC My Commission Expires September 18, 20 My Commission expires	rotally Euplic

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WITNESS my hand and seal this	ath day of Jue, 1998.
	Robert S. Langer
Commonwealth of Massachusetts County of Wildow)	ss.
Then personally appeared the above acknowledged the foregoing instrument to be day of	e his free act and deed, before me, this
	Ramba D Brann
My Commission expires 7501	Notary Public

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RECORDED: 09/11/1998

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