12-29-1998

SHEET

Docket No.: BU96-09A2

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RE(

mpd 12/19/6 1009	30231			
	narks: Please record the attached original documents or copy thereof.			
Name of conveying party(ies) Barbara A. Gilchrest Mina Yaar	Name and address of receiving party(ies)			
2. Willia 1 aai	Name: Trustees of Boston University			
	Internal Acdress:			
Additional name(s) of conveying party(ies) attached? [Yes [X] No				
Nature of conveyance:	Street Address: 147 Bay State Road			
[X] Assignment [] Merger				
] Security Agreement [] Change of Name	City: Boston State: MA ZIP: 02215			
Other				
Execution Date: November 16, 1998	Additional name(s) & address(es) attached? [Yes X No			
4. Application number(s) or patent number(s):				
If this document is being filed together with a new application,	the execution date of the application is:			
A. Patent Application No.(s)	B. Parent No.(s)			
09/163,095				
Additional num	abers attached? [] Yes [X] No			
5 Name and address of party to whom correspondence	bers attached? [] Yes [X] No 6. Total number of applications and patents involved: [1]			
concerning document should be mailed:	o. Total number of applications and patents involved.			
Name: Doreen M. Hogle, Esq	7. Total Fee (37 C.F.R. 3.41)			
Internal Address:	[X] Enclosed			
Hamilton. Brook, Smith & Reynolds, P.C.	[X] Authorized to charge any deficiencies or credit any overpayment to deposit account			
	[] Authorized to be charged to deposit account			
Street Address: Two Militia Drive	8. Deposit account number:			
	08-0380			
City: Lexington State: MA ZIP: 02421-4799	(Attach duplicate copy of this page if paying by deposit account)			
DO NO	T USE THIS SPACE			
9 Statement and signature. To the best of my knowledge and belief, the foregoing informa document.	tion is true and correct and any attached copy is a true copy of the original			
Doreen M. Hogle	December 16, 1958			
Name of Person Signing	Signature Date			
Total number of pages including	cover sheet, attachments, and document $\stackrel{\stackrel{\scriptstyle \times}{\stackrel{\times}{\stackrel{\times}}}}{\stackrel{\times}{\stackrel{\times}{\stackrel{\times}}}} [5]$			
C-SBROCK B1 1/06/00 4 2/06/1002 P 4	-35			

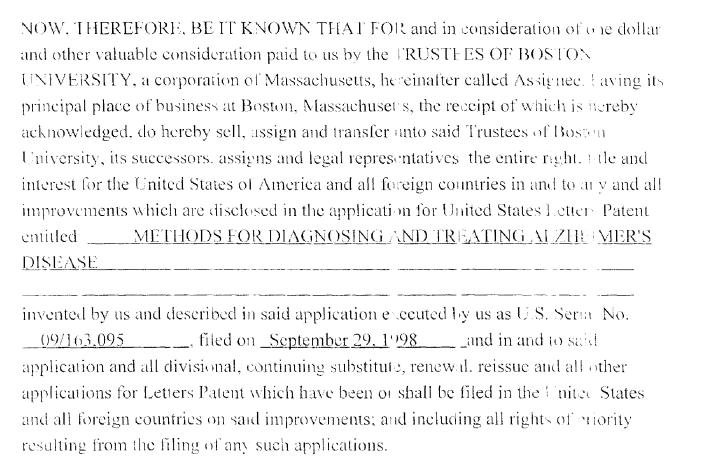
PATENT

REEL: 9656 FRAME: 0671

<u>ASSIGNMENT</u>

KNOW ALL MEN BY THESE PRESENT THAT

WHERFAS, We _	<u>a) Barbara A. Gi</u>	lchrest	
	b) Mina Yaar		There is no recommend to the same of the s
residing at	a) Union Wharf	#27. Boston, Massachusetts 02	109
		nne, Sharon Massachusetts 020	
-	United States		
	ain improvements in _	METHODS FOR DIAGN	NOSING AND
TREATING ALZI	HEIMER'S DISEASE	-	and
Massachusetts, is of invention and to an which may be gran	desirous of acquiring to and all Letters Patented therefor: and Barbara A. Gilchi	County of Suffolk and Commethe entire right, title and interesent of the United States and of the Land Mana Yaar	st in and to said all other countries
(BUMC), under the acquired by Truste	e terms of which all r es of Boston Universi	ement with the Boston Universicights in the aforesaid invention oity and net royalties generated GAND TREATING ALZHEE	ity Medical Center nare to be by the invention
		versity are to be shared with the and University Hospital, pursu	



We agree that said Assignee may apply for and receive Letters Patent in its own name; and that when requested, without charge to but at the expense of said Assignee, its successors, assigns and legal representatives to carry out in good faith the intent and purpose of this assignment, the undersigned will execute all divisional continuing, substitute, renewal, reissue and all other patent applications on any and all said improvements; execute all rightful oaths, assignments, powers of attorney and other papers; communicate to said Assignee, its successors, assigns and legal representatives, all facts known to the undersigned relating to said improvements and the history thereof; and generally do everything possible which said Assignee, its successors, assigns and legal representatives shall consider desirable for aiding in securing and maintaining proper patent protection for said

improvements, and for vesting title to said improvements and all application for patents and all patents on said improvements, in said Assignee, its successors, assigns and legal representatives; and we do hereby authorize and request the Commissioner of Patents of the United States to issue such Letters Patent as shall be granted upon said U.S. application(s) to said Assignee, its successors and assigns.

We covenant with said Assignee, its successors, assign and legal representatives that no assignment, grant, mortgage, license or other agreements affecting the rights and property herein conveyed has been made to others by the undersigned, and that full right to convey the same as herein expressed is possessed by the undersigned

Barbara A. Gilchrest

State/Comm		
of MASSE	uchus etts	
County of	Suffolk	

Before me this 16+6 day of NoV., 1998, personally appeared to me. personally known to be the person who is described in and who executed the above instrument, and acknowledge to me that he executed the same of his own free will for the purpose therein set forth.

> RICHARD C. MCHALE Notary Public

My Commission Expires May 8, 2003

<u>llie-Cove</u>_____

State/Commonwealth of Massachuse the
County of Suffilk
Before me this <u>Morton</u> day of <u>Movember</u> , 1991, personally appeared to me personally known to be the person who is described in and who executed the above instrument, and acknowledge to me that he executed the same of his own free will for the purpose therein set forth.

K 4DHOGLE $BU \ 9609 A2 \ Assign$

RECORDED: 12/18/1998

RICHARD C. Aut ALE Montry Public

Butual A.

My Commission Expires Hay 8, 2003