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RECORDATION FORM COVER SHEET

To the Honorable Commissioner of Patents and Trademarks: Please record the attached


1. Name of conveying party(ies): <b>Scott D. LARSEN, Paul D. MAY, John E. BLEASDALE, Charlotta LILJEBRIS, Heinrich J. SCHOSTAREZ and Tjeerd BARF</b> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <b>Pharmacia &amp; Upjohn Company</b> Internal Address: Street Address: <b>301 Henrietta Street</b> City: <b>Kalamazoo</b> State: <b>MI</b> ZIP: <b>49001</b> Country: <b>USA</b> Postal Code: Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: <b>Jan. 25, 1999; Jan. 22, 1999; Jan. 29, 1999; Jan. 15, 1999; Jan. 25, 1999; and Jan. 15, 1999, respectively.</b>	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>09/138,642</b> B. Patent No(s). Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <b>BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP</b> Street Address: <b>P.O. BOX 747</b> City: <b>FALLS CHURCH</b> State: <b>VA</b> ZIP: <b>22040-0747</b> Country: <b>USA</b>	6. Total number of applications and patents involved: <b>One (1)</b> 7. Total fee (37 C.F.R. § 3.41): <b>\$40.00</b> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>02-2448</u> (Attach triplicate copy of this page if paying by deposit account)

03/16/1999 JSHABAZZ 00000220 09138642  
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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*

Gerald M. Murphy, Jr., 28,977            March 15, 1999  
 Name of Person Signing/Reg. No.      Signature      Date

Total number of pages including cover sheet, attachments, and document: **Five (5)**

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents & Trademarks, Box Assignments  
Washington, DC 20231

**ASSIGNMENT**

**Title:** Inhibitors of Protein Tyrosine Phosphatase  
**Inventors:** Scott D. Larsen, Paul D. May, John Bleasdale, Charlotta Liljebris,  
Heinrich J. Schostarez and Tjeerd Barf  
**Serial No.:** 09/138,642                      **Filing Date:** August 24, 1998  
**Docket No.** 6120.N CP                      **Country:** USA

As a below-named inventor, I hereby declare that:

My post office address is as stated below under my signature and I am named as inventor of the inventions or discoveries (herein INVENTIONS) as described in the patent application (herein APPLICATION) identified above. In view of valuable consideration, receipt thereof is hereby acknowledged, I do hereby assign and transfer unto PHARMACIA & UPJOHN COMPANY, a corporation of the State of Delaware having a place of business at Kalamazoo, Michigan, its successors and assigns, my entire interest in and the full and exclusive right to the INVENTIONS, the APPLICATION and all related applications (including all divisions, reissues, continuations, and extensions thereof) and all counterparts in other countries, and any and all Letters Patent (and certificates of invention or similar certificates) (herein PATENTS) which may be granted based upon the INVENTIONS or the APPLICATION or related applications or counterparts in other countries; said transfer and assignment being applicable throughout the world. I hereby authorize and request officials of patent offices in any and all countries of the world to issue any and all of the PATENTS, when granted, to PHARMACIA & UPJOHN COMPANY, its successors and assigns, as the assignee of my entire right, title, and interest in and to the same. I agree that I will communicate to PHARMACIA & UPJOHN COMPANY, or its representatives, any facts known to me respecting the invention; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuation, substitution, renewal, and reissue applications; execute all necessary assignment papers to cause any and all of the PATENTS to be issued to PHARMACIA & UPJOHN COMPANY; make all rightful oaths; and generally do everything possible to aid PHARMACIA & UPJOHN COMPANY, its successors and assigns, to obtain and enforce proper protection for the INVENTION in any and all countries throughout the world.

FULL NAME OF FIRST/SOLE INVENTOR: Scott D. Larsen

Signature of Inventor: Scott D. Larsen

Address: 56 Naples Court, Kalamazoo, Michigan 49009

STATE OF MICHIGAN  
COUNTY OF KALAMAZOO

On January 25, 1999, the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

SEAL

Notary Public JULIE K. LYONS  
Notary Public, Kalamazoo County, MI  
My Commission Expires July 6, 2002

FULL NAME OF SECOND/JOINT INVENTOR: Paul D. May

Signature of Inventor: Paul D. May

Address: 7890 North 32nd Street, Richland, Michigan 49083

STATE OF MICHIGAN  
COUNTY OF KALAMAZOO

On January 22, 1999, the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

SEAL

Notary Public JULIE K. LYONS  
Notary Public, Kalamazoo County, MI  
My Commission Expires July 6, 2002

*F. 1/29/99, JEB*

FULL NAME OF THIRD/JOINT INVENTOR: John Bleasdale

Signature of Inventor: *John Bleasdale*

Address: 3230 Lites End Court, Portage, Michigan 49024

STATE OF MICHIGAN  
COUNTY OF KALAMAZOO

On January 29, 1999, the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

SEAL

*Julie K. Lyons*  
Notary Public JULIE K. LYONS  
Notary Public, Kalamazoo County, MI  
My Commission Expires July 6, 2002

FULL NAME OF FOURTH/JOINT INVENTOR: Charlotta Liljebris

Signature of Inventor: *Charlotta Liljebris*

Address: Herrhagens byväg 63, S-752 67 Uppsala, Sweden

COUNTRY OF SWEDEN

On January 15, 1999, the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

SEAL

*[Signature]*  
Notary Public ~~not equivalent~~  
/Olof Wijk/



FULL NAME OF FIFTH/JOINT INVENTOR: Heinrich Josef Schostarez

Signature of Inventor: Heinrich J. Schostarez

Address: 3236 Lost Pine Way, Portage, Michigan 49024

STATE OF MICHIGAN  
COUNTY OF KALAMAZOO

On January 25, 1999, the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

SEAL

Julie K Lyons  
Notary Public JULIE K. LYONS  
Notary Public, Kalamazoo County, MI  
My Commission Expires July 6, 2002

FULL NAME OF SIXTH/JOINT INVENTOR: Tjeerd Barf

Signature of Inventor: Tjeerd Barf

Address: Vikingagatan 32, S-753 34, Uppsala, Sweden

COUNTRY OF SWEDEN

On January 15, 1999, the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.



Olof Wijk  
Notary Public or Equivalent  
/Olof Wijk/