

FORM PTO-1619A

Expires 06/30/99
OMB 0651-0027

04-29-1999



101022432

RECORDATION FORM COVER SHEET
PATENTS ONLYU.S. Department of Commerce
Patent and Trademark Office

PATENT

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type



New



Resubmission (Non-Recordation)

Document ID#



Correction of PTO Error

Reel #

Frame #



Corrective Document

Reel #

Frame #

Conveyance Type



Assignment



Security Agreement



License



Change of Name



Merger



Other Confirmatory License

U.S. Government

(For Use ONLY by U.S. Government Agencies)



Departmental File



Secret File

Conveying Party(ies)



Mark if additional names of conveying parties attached

Name (line 1)

DUKE UNIVERSITY

Execution Date
Month Day Year

3/10/99

Name (line 2)

Second Party

Name (line 1)

Execution Date
Month Day Year

Name (line 2)

Receiving Party



Mark if additional names of receiving parties attached

Name (line 1)

National Institutes of Health, The

Name (line 2)

Extramural Inventions Office, The

Address (line 1)

6701 Rockledge Drive, Room 3188

Address (line 2)

MSC 7750

Address (line 3)

Bethesda

Maryland / USA

20892-7750

City

State/Country

Zip Code

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

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

REEL: 9912 FRAME: 0614

Correspondent Name and AddressArea Code and Telephone Number 301-435-1986Name National Institutes of Health, TheAddress (line 1) Extramural Inventions Office, TheAddress (line 2) 6701 Rockledge Drive, Room 3188Address (line 3) MSC 7750Address (line 4) Bethesda, Maryland / USA 20892-7750**Pages**Enter the total number of pages of the attached conveyance document
including any attachments.# 1**Application Number(s) or Patent Number(s)**☐ Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)**Patent Number(s)**

			<u>5672685</u>		

If this document is being filed together with a new Patent Application, enter the date the patent application was
signed by the first named executing inventor.Month Day Year
 Patent Cooperation Treaty (PCT)

Enter PCT application number

PCT PCT PCT only if a U.S. Application Number
has not been assigned.PCT PCT PCT **Number of Properties**

Enter the total number of properties involved.

1**Fee Amount**Fee Amount for Properties Listed (37 CFR 3.41): \$ Method of Payment:
Deposit AccountEnclosed ☐ Deposit Account ☐

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

Authorization to charge additional fees:

Yes ☐ 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.*

Belen Awetahegne

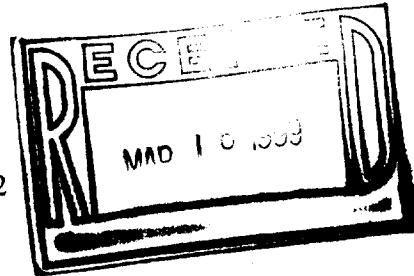
Name of Person Signing


Signature4/19/99

Date

Fax this to 301/480-0272

License to the United States Government

Invention Title: Source of Apolipoprotein E and Method of Isolating Apolipoprotein E**Inventor(s):** Dontcho Jeleu David Needham**Patent or Application Serial No.:** 5672685**U.S. Filing/Issue Date:** 9/30/97**Grant/Contract Identification Number(s):** GM40162**Foreign Applications filed/intended in (countries):**

The invention identified above is a Subject Invention under 35 U.S.C. 200, et seq., and the Standard Patent Rights clause at 37 CFR 401.14 or FAR 52.227-11, which are included among the terms of the above-identified grant/contract award from the Public Health Service/National Institutes of Health. This document is confirmatory of:

1. The nonexclusive, nontransferable, irrevocable, paid-up license to practice or have practiced for or on behalf of the United States the invention described in any patent application and in any and all divisions, continuations, and continuations in part, and in any and all patents and re-issues granted thereon throughout the world; and
2. All other rights acquired by the Government by reason of the above identified grant/contract award and the laws and regulations which are applicable to the award.

The Government is hereby granted an irrevocable power to inspect and make copies of the above-identified patent application.

Signed this 10 day of MARCH, 19 99.

By Jane Glenn, Govt Admin.
(Grantee/Contractor Official and Title)

For DUKE UNIVERSITY
(Organization)

At Box 90083

Durham NC 27708
(Business Address)