

09-01-1999

8/27/99

PA



101134194

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

1. Name(s) of conveying party(ies):

1) CHILDREN'S HOSPITAL OAKLAND RESEARCH INSTITUTE
2) _____
3) _____
4) _____
5) _____
6) _____

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party:

Name: CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA

Internal Address: _____

Street Address: 747 FIFTY SECOND STREET

City: OAKLAND State: CALIFORNIA

Zip: 94609-1809

Additional names & addresses attached? Yes No

3. Nature of conveyance:

Assignment Merger

Security Agreement Change of Name

Other _____

Execution Dates:

1) MARCH 8, 1999 4) _____
2) _____ 5) _____
3) _____ 6) _____

4. Application number(s) or registration 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).
08/939,309

B. Patent No(s).

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: SEED AND BERRY LLP

Internal Address ANN T. KADLECEK

6300 COLUMBIA CENTER

Street Address: 701 FIFTH AVENUE

City: SEATTLE State: WA ZIP: 98104-7092

6. Total number of applications and patents involved..... 1

7. Total Fee (37 CFR 3.41): \$40.00

Enclosed

Authorized to be charged to deposit account

8. Deposit account number:
19-1090

08/31/1999 DNGUYEN 00000117 08939309

01 FC:581 40.00 DP

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.

STEPHEN J. ROSENMAN Stephen J. Rosen 8/24/99
Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 4

ASSIGNMENT

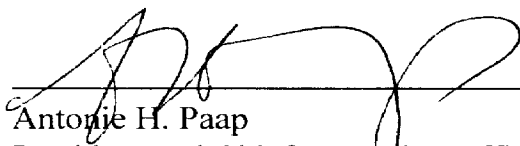
WHEREAS, Children's Hospital Oakland Research Institute (hereinafter referred to as ASSIGNOR), having a post office address of 747 Fifty Second Street, Oakland, California 94609-1809, is the owner of an invention entitled "SPHINGOSINE-1-PHOSPHATE LYASE POLYPEPTIDES, POLYNUCLEOTIDES AND MODULATING AGENTS AND METHODS OF USE THEREFOR," as described and claimed in the specification for which an application for United States letters patent was filed on September 29, 1997, and assigned Application No. 08/939,309; and

WHEREAS, Children's Hospital Medical Center of Northern California (hereinafter referred to as ASSIGNEE), a corporation 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, for good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNOR hereby sells, assigns and transfers 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 for their use and benefit and of their successors and assigns as fully and entirely as the same would have been held and enjoyed by ASSIGNOR had this assignment, transfer and sale not been made. ASSIGNOR hereby authorizes and requests the Commissioner of Patents and Trademarks to issue all letters patent on said invention to ASSIGNEE. ASSIGNOR agrees 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 said letters patent, or for the purpose of protecting title to said invention or letters patent therefor.

3/8/99
Date _____



Antonie H. Paap
President and Chief Executive Officer

State of _____)
County of _____)

ss.

I certify that I know or have satisfactory evidence that Antonie H. Paap 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 _____

C:\winword\atk\1581.doc (200116.402)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT



State of California

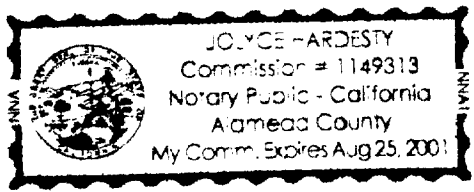
County of Alameda

On March 8, 1999 before me,

Joyce Hardesty, Notary Public
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Antonie H Paap
Name(s) of Signer(s)

personally known to me – OR – proved to me on the basis of satisfactory evidence to be the person whose name is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity , and that by his/~~her/their~~ signature on the instrument the person , or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal.

Joyce Hardesty
Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: Assignment Patent # 08/939,309

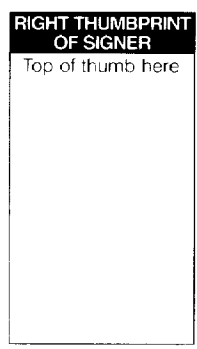
Document Date: None Number of Pages: 2

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

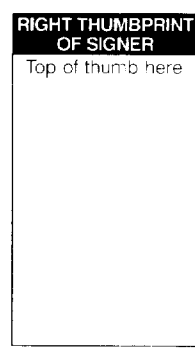
- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____