09-10-1999



7-1-44	9	•		-99
--------	---	---	--	-----

	PATENT/Docket No.: 4544.P FW1
	PATENTS ONLY noner of ratents & Trademarks: riginal document or copy thereof.
1. Name of Party(ies) conveying an interest:	2. Name and address of Party(ies) receiving an interest:
Darrell R. Thomsen Richard C. Wardley	Pharmacia & Upjohn Company Global Intellectual Property 301 Henrietta Street Kalamazoo, MI 49001
3. Description of the interest conveyed:	
[X] Assignment [] Merger [] Security Agmt [] Change of Name [] Other	
Execution Date: August 25, 1999	
4. Application number(s) or patent number(s). A  If this document is being filed together with a application is:	
A. Patent Application No.(s) 08/461,920, filed June 5, 1995	B. Patent No.(s)
5. Name and address of party to whom correspondence concerning this document should be mailed:	6. Number of applications and patents involved:
Julie Lyons, Legal Assistant Pharmacia & Upjohn, 0228-32-LAW Global Intellectual Property 301 Henrietta Street Kalamazoo, Michigan 49001-0199	One
TMIAMAZOO, MICHIGAN 2002 323	7. Amount of fee enclosed or authorized to be charged: \$40.00
	8. Deposit account number: 21-0718
JSHABAZZ 00000092 210718 08461920 DO NOT US	SE THIS SPACE
<ol> <li>Statement and signature.</li> <li>To the best of my knowledge and belief, the attached copy is a true copy of the original d</li> </ol>	foregoing information is true and correct and any locument.
Signature O	Julie Lyons, Legal Assistant Name of Person Signing
Date: August 25, 1999	

PATENT/Docket No.: 4544.P FW1

## ASSIGNMENT

Title: FELINE LEUKEMIA VIRUS VACCINES

Inventors: Darrell R. Thomsen and Richard C. Wardley
Serial No.: 08/461,920 Filing Date: June 5, 1995
Docket No.: 4544.P FW1 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: Darrell R. Thomsen				
Signature of Inventor: Rarrel R. Thomas				
Address: 6916 Willson Drive, Kalamazoo, Michigan 49009				
STATE OF MICHIGAN COUNTY OF KALAMAZOO				
On, 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, Kalamazoo County, MI  My Commission Expires July 6, 2002				

PATENT/Docket No.: 4544.P FW1

Address: 15216 Marshfield Road, Hickory Corners, Michigan 49060  STATE OF MICHIGAN COUNTY OF KALAMAZOO	FULL NAME OF SECOND/JOINT INVENTOR: Richard C. Wardley
STATE OF MICHIGAN	Signature of Inventor:
	Address: 15216 Marshfield Road, Hickory Corners, Michigan 49060
On	On

Serial Na.
Filed
Places Return Ta:
Interaction Property Legal Services
Pharmacia & Unjohn Campany
The Basel AW

IPLS Form 30 4/17/98

> PATENT REEL: 010217 FRAME: 0537