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

### Submission Type
- [x] New
- [ ] Resubmission (Non-Recording)
- [ ] Correction of PTO Error
- [ ] Corrective Document

### Conveyance Type
- [ ] Assignment
- [x] Security Agreement
- [ ] License
- [ ] Change of Name
- [x] Merger
- [ ] Other

- **Confirmatory License**
  - U.S. Government
  - (For Use ONLY by U.S. Government Agencies)

### Conveying Party(ies)
- [ ] Mark if additional names of conveying parties attached

<table>
<thead>
<tr>
<th>Name (line 1)</th>
<th>UNIVERSITY OF ILLINOIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (line 2)</td>
<td></td>
</tr>
</tbody>
</table>

### Second Party
- [ ] Mark if additional names of conveying parties attached

<table>
<thead>
<tr>
<th>Name (line 1)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (line 2)</td>
<td></td>
</tr>
</tbody>
</table>

### Receiving Party
- [ ] Mark if additional names of receiving parties attached

<table>
<thead>
<tr>
<th>Name (line 1)</th>
<th>National Institutes of Health, The</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (line 2)</td>
<td>Extramural Inventions Office, The</td>
</tr>
<tr>
<td>Address (line 1)</td>
<td>6705 Rockledge Drive, Suite 1040</td>
</tr>
<tr>
<td>Address (line 2)</td>
<td>MSC 7980</td>
</tr>
<tr>
<td>Address (line 3)</td>
<td>Bethesda, Maryland / USA 20892-7980</td>
</tr>
</tbody>
</table>

### Domestic Representative Name and Address
Enter for the first Receiving Party only.

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (line 1)</td>
<td></td>
</tr>
<tr>
<td>Address (line 2)</td>
<td></td>
</tr>
<tr>
<td>Address (line 3)</td>
<td></td>
</tr>
<tr>
<td>Address (line 4)</td>
<td></td>
</tr>
</tbody>
</table>

---

**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: 010221 FRAME: 0511
Correspondent Name and Address

Name: National Institutes of Health, The
Address (line 1): Extramural Inventions Office, The
Address (line 2): 6705 Rockledge Drive, Suite 1040
Address (line 3): MSC 7980
Address (line 4): Bethesda, Maryland / USA 20892-7980

Pages
Enter the total number of pages of the attached conveyance document including any attachments. # 1

Application Number(s) or Patent Number(s)

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

Patent Application Number(s)
09009388

Patent Number(s)

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 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:
Enclosed ☐ 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

Signature

Date 8/23/99
LICENSE TO THE UNITED STATES GOVERNMENT

This instrument confirms to the United States Government, as represented by the National Institutes of Health an irrevocable, nonexclusive, nontransferable, royalty-free license to practice or have practiced on its behalf throughout the world the following subject invention:

Invention title: “Yeast Surface Display of T Cell Receptors”

Inventor(s): Kranz, David M.  
Wittrup, K. Dane

US Regular Patent application number and filing date: “Yeast Surface Display of T Cell Receptors,” Serial # 09/009,388, Filed January 20, 1998

Country, if other than United States: Foreign countries unknown at this time

This subject invention was made with National Institutes of Health support through:

Grant or contract number: GM55576

Principal rights to this subject invention have been waived to the licensor, The Board of Trustees of the University of Illinois.

Licensor: The Board of Trustees of the University of Illinois

Signed: Craig S. Bazzani, Comptroller

Date: June 15, 1999

Attest: Michele M. Thompson, Secretary

Accepted on behalf of the Government: ____________________________

National Institutes of Health

Date: ____________________________