

01/24/00

03-14-2000

FORM PTO-1619A  
Expires 06/30/99  
OMB 0651-0027

RECEIVED



U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

2100 JAN 24 PM 3:28

101287975

OPR/FINANCE

RECORDATION FORM COVER SHEET  
PATENTS ONLY

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 \_\_\_\_\_

**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

Execution Date  
Month Day Year

Name (line 1) Alliance Pharmaceutical Corp.

11031999

Name (line 2) \_\_\_\_\_

Second Party

Execution Date  
Month Day Year

Name (line 1) \_\_\_\_\_

Name (line 2) \_\_\_\_\_

Receiving Party

Mark if additional names of receiving parties attached

Name (line 1) Inhale Therapeutic Systems, Inc.

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.)

Name (line 2) \_\_\_\_\_

Address (line 1) 150 Industrial Road

Address (line 2) \_\_\_\_\_

Address (line 3) San Carlos CA 94070  
City State/Country Zip Code

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

03/13/2000 VBROWN 00000154 500348 09219736

01 FC:581 (200.00 CH)

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

PATENT  
REEL: 010599 FRAME: 0244

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

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

**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)**

<input type="text" value="09/219,736"/>	<input type="text" value="09/218,209"/>	<input type="text" value="09/218,213"/>
<input type="text" value="09/218,212"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Patent Number(s)**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

PCT  PCT  PCT

**Number of Properties**

Enter the total number of properties involved. #

**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.

Michael J. Rafa



Date

Name of Person Signing

Signature

Date

## ASSIGNMENT OF PATENT RIGHTS

Alliance Pharmaceutical Corp., a corporation organized and existing under the laws of New York, having a place of business at 3040 Science Park Road, San Diego, California 92121 (hereinafter called "Assignor"), hereby assigns certain patent rights to Inhale Therapeutic Systems, Inc., a corporation organized and existing under the laws of Delaware having a place of business at 150 Industrial Way, San Carlos, California 94070 (hereinafter called the "Assignee"):

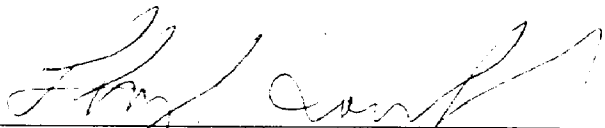
WHEREAS Assignor is the owner of the following patent applications set forth on Exhibit A; and

WHEREAS Assignor has agreed with Assignee for the transfer to it of the whole right, title and interest in and to said applications, and inventions therein pursuant to an Asset Purchase Agreement between Assignor and Assignee dated October 4, 1999 (the "APA");

NOW THIS ASSIGNMENT WITNESSETH that in pursuance of the said agreement and in consideration of the sum of amounts paid to Assignor pursuant to the APA (the receipt of which Assignor hereby acknowledges), Assignor, as beneficial owner, hereby assigns and transfers to Assignee said inventions, said applications, and any and all Letters Patent or Patents in the United States of America and all foreign countries which may be granted therefor and thereon, and in and to any and all divisions, continuations, and continuations-in-part of said applications, or reissues or extensions of said Letters Patent, and all rights, privileges and advantages appertaining thereto, including any and all rights to damages, profits or recoveries of any nature for past infringement of said Letters Patent, and the payment of any and all maintenance fees, taxes, and the like, TO HOLD the same unto and to the use of Assignee, its successors and assigns absolutely during the residue of the respective terms for which the said Letters Patent were granted and during any such terms, and for any and all rights extending from said applications and reissues.

Executed at San Diego as of the 3<sup>rd</sup> day of November 1999

Assignor: Alliance Pharmaceutical Corp.

Signature:   
Lloyd A. Rowland  
Vice President and General Counsel

**EXHIBIT A**

**ASSIGNED PATENT RIGHTS**

Perforated Microparticulates and Methods of Use (USSN 09/219,736; PCT 98/20602)

Stabilized Preparations for Use in Nebulizers (USSN 09/218,213; PCT US 98/20603)

Stabilized Preparations for Use in Metered Dose Inhalers (USSN 09/218,212; PCT US 98/20615)

Stabilized Bioactive Preparations and Methods of Use (USSN 09/218,209; PCT US 98/20613)

Particulate Delivery Systems and Methods of Use (PCT US 99/06855)