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PATENT  
cket No.: AMBER-04998



Form PTO-1595

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2. Name and address of receiving party(ies):  
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3. Nature of conveyance:  
Assignment  
Execution Date: **04/28/00, 08/29/00**

4. Title of Invention: **Photocleavable Agents and Conjugates for the Detection and Isolation of Biomolecules**  
Application number(s) or patent number(s):  
A. Patent Application No.(s): **09/504,001**  
B. Patent No.(s):  
Additional numbers attached? **No**

5. Name and address of party to whom correspondence concerning document should be mailed:  
Peter G. Carroll  
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San Francisco, California 94104

6. Total number of applications and patents involved: **1**  
7. Total fee(s):  
Check(s) in the amount of **\$540** enclosed (\$65 surcharge, \$40 recordation, \$435 3 mnth ext. time).  
8. Deposit Account Authorization:  
The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. **08-1290**. An originally executed duplicate of this transmittal is enclosed for this purpose.

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*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.*  
Date: August 30, 2000  
Signature:   
Name: Peter G. Carroll  
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Total number of pages including cover sheet, attachments, and document: **4**



