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

10-06-2000

U.S. Department of Commerce Patent and Trademark Office

	\ ***********************************	PATENT
AUG 1 8 2000	101481205	
TO: The Commissioner of Patents and Tr	CORDATION FORM COVER SHEET	8.16.00
TO THE PROPERTY		V I V
Submission Type	PATENTS ONLY ademarks: Please record the attached original d	Ocument(s) or convit
V New	conveyance Type	ocument(s) or copy(les).
	Assignment Security	Agreement
Resubmission (Non-Recordation) Document ID#	License	- 6 N
Correction of PTO Error	Onange	or Name
Reel # Frame #	Merger Other	
Corrective Document Reel # Frame #	(For Use ONLY by U.S. Government of the Control of	ment
Conveying Party(ies)	✓ Departmental File	Secret File
	Mark if additional names of conveyi	ng parties attached
Name (line 1) William R. Brown		Month Day Year 08/ 10/ 2000
Name (line 2)		00/ 10/ 2000
Second Party Name (line 1)		Execution Date Month Day Year
		Month Day Year
Name (line 2)		08789734
Receiving Party	Mark if addition	
Name (line 1) Government of the United State	PS 98 rangeonted buttle C	nes of receiving parties attached
Name (line 2)	as represented by the Secretary of the Army	If document to be recorded is an assignment and the
, L		receiving party is not domiciled in the United States, an appointment
Address (line 1) U.S. Army Medical Research an	d Materiel Command	of a domestic representative is attached.
Address (line 2) 504 Scott Street, Attn: MCMR-		(Designation must be a separate document from Assignment.)
	1/4	nasignment.)
Address (line 3) Fort Detrick		1702-5012
Domestic Representative Name ar	State/Country	Zip Code
Name	Enter for the first Receiving	g Party only.
Address (line 1)		
Address (line 2)		
Address (line 3)		
Address (line 4)		
10/05/2000 DBYRNE 00000116 210380 06	78973FOR OFFICE USE ONLY	
01 FC:581 40.00 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,

Mashington,
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

Mail documents to be recorded with required cover sheet(s) information to:

Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20503. See OMB

Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20503. See OMB

FORM PTO-1619B Expires 06/30/99 OMB 0651-0027	Page 2	U.S. Department of Commerce Patent and Trademark Office PATENT
Correspondent Name and Address	Area Code and Telephone Number	(301) 924-9500
Name Caroline Nash		
Address (line 1) Nash & Titus, LLC		
Address (line 2) 3415 Brookeville Road, Suite 1000		
Address (line 3) Brookeville, Maryland		
Address (line 4) 20833		
Pages Enter the total number of pagincluding any attachments.	es of the attached conveyance docun	nent # 1
Application Number(s) or Patent Num	• •	additional numbers attached
Enter either the Patent Application Number or the P		**
Patent Application Number(s) 08/789,734	Patei	nt Number(s)
00/10/,154		
If this document is being filed together with a new Pater was	nt Application, enter the date the patent applica	tion Month Day Year
Patent Cooperation Treaty (PCT)		
Enter PCT application number	PCT PCT	PCT
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): \$	40.00
Method of Payment: Enclos Deposit Account	sed Deposit Account	
(Enter for payment by deposit account or if add	itional fees can be charged to the Deposit Account Number:	‡ 21-0380
A	Authorization to charge additional fees:	Yes 🚺 No
Statement and Signature		
attached copy is a true copy of the o	lief, the foregoing information is true a riginal document. Charges to deposit	t account are authorized, as
Name of Person Signing	Signature	Date
Name of Person Signing	5. No. 45, 867 U.S. Army Medica	1 Rosearch & Maderiel

PATENT REEL: 011127 FRAME: 0065

ASSIGNMENT OF INVENTION

For use of this form, see AR 27-60; the proponent agency is OTJAG Title of the Invention: Therapeutic Treatment and Prevention of Infections with a Bioactive Materials Encapsulated within a Biodegradable-Biocompatible Polymerix Matrix

1.

2.

RECORDED: 08/18/2000

		id, Elliot Jacob, Ramasubbu Jeyanthi, Edgar C. William Brown, Curt Thies, Thomas R. Tice, F.
*Application Serial No.: 08/789,734		
*Date Oath Executed: 8/10/00	Filing Da	ate: January 27, 1997
(Data not know at execution date ma	y be added for better is	dentification.)
I (We), the undersigned inventor(s), acquired by virtue of the circumstances under		rights of the Government of the United States ed invention was made, hereby:
interest throughout the United States, its Territory	ories, Possessions, and tters Patent issuing the	reon, and any continuation, continued prosecution
the Government determines to cause an application to be filed in any particular fore country shall remain in me (us), subject to a new country shall remain in me (us).	ation to be filed; provide eign country, all right, onexclusive, irrevocab th foreign country, incl	the invention in those foreign countries in which ded that if the Government determines not to cause title and interest in the invention in such foreign le, royalty-free license to the Government in any uding the power to issue sub-licensee for use in f the Government.
to the prosecution of patent applications on this of title to patent applications and patents issuin	s invention, the prosec	and to execute any further documents necessary ution and settlement of interferences and recording
Signature of the Inventor:	1/12216	(Comme
Duty Address: 2151 South Alton Way Locality	Denver, Colorae Country	do 80231State
Name of the Inventor: William	R	Brown
Date: 8/10/00 First name		Last name
State of Colorada	* * * *	
County of : DENVIVE) ss		
On the above date William	RBlesser ly appeared before me	known to me to be the individual described in and acknowledged to me that the same as his own
free act and deed. (Seal)	Rage	ere Macley
	79	(signature of notary public)
	My Con	nmission expires on
		DARLENE M. BAILEY NOTARY PUBLIC STATE OF COLORADO

My Commission Expires 7/30/2001 **REEL: 011127 FRAME: 0066**