0.12,00

## 11-03-2000

Г

Patent Case No. 20149 U.S. DEPARTMENT OF COMMERCE

PATENT AND TRADEMARK OFFICE

TO THE HONORADLE COMMISSIONER OF FALENTS AND TRADEMARKS: PLEASE RECORD THE ATTACHED ORIGINAL DOCUMENTS OR COPY THEREOF.

1. Name(s) of Conveying party(ies):

GUY R. HUMPHREY, ROSS A. MILLER, and WENJIE LI

| Additional name(s) of conveying party(ies) attac                                                                                                                                                                              | hed? Yes           | X No                                                                                                                      | 1 K .<br>1<br>2<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *<br>                                                                                                         |                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| 2. Nature of conveyance:                                                                                                                                                                                                      | 3.                 | Name and address                                                                                                          | s of receiving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | party(ies):                                                                                                   | ·                                                                                   |  |
| X Assignment                                                                                                                                                                                                                  |                    | Name: MERCK &                                                                                                             | Co., INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                     |  |
| Merger                                                                                                                                                                                                                        |                    | Internal Address: RY60-30                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     |  |
| Security Agreement                                                                                                                                                                                                            |                    | Street Address: P                                                                                                         | .O. Box 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                                                                                             |                                                                                     |  |
| Change of Name                                                                                                                                                                                                                |                    | City & State: RAH                                                                                                         | WAY, NEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | JERSEY                                                                                                        |                                                                                     |  |
| Other:                                                                                                                                                                                                                        |                    | Zip/Postal Code:                                                                                                          | 07065-0907                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                     |  |
| Execution Date: Jul 22, 1998 Aug 5, 199                                                                                                                                                                                       | 8                  |                                                                                                                           | name(s) & attached?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes                                                                                                           | X No                                                                                |  |
| 4. Application number(s) or patent number(s) a                                                                                                                                                                                |                    |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     |  |
| (a) Patent Application No(s). 09/212,227                                                                                                                                                                                      |                    | , filed                                                                                                                   | on <u>Dec 16, 1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 998                                                                                                           | ,                                                                                   |  |
| and titled:<br>INTERMEDIATES AND PROCESS FC                                                                                                                                                                                   |                    |                                                                                                                           | ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                     |  |
| (b) If this document is being filed together                                                                                                                                                                                  | Additional n       | umbers attached?                                                                                                          | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X No                                                                                                          | E                                                                                   |  |
| <ol> <li>Name &amp; address of party to whom correspo<br/>concerning documents should be mailed:</li> </ol>                                                                                                                   | ndence 6. Tot      | al no. of applications                                                                                                    | s & patents in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | volved: ON                                                                                                    | E                                                                                   |  |
| Name: CATHERINE D. FITCH                                                                                                                                                                                                      | 7. Tot             | al fee (37 CFR 3.41                                                                                                       | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>\$ 4</u>                                                                                                   | 0.00                                                                                |  |
| Internal Address: PATENT DEPARTME                                                                                                                                                                                             |                    | Enclosed                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     |  |
| MERCK & CO., INC.                                                                                                                                                                                                             |                    | 🗙 The Commis                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     |  |
| City & State: P.O. BOX 2000 RY6                                                                                                                                                                                               |                    | charge <b>depo</b><br>fees which m                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     |  |
| City & State: <u>RAHWAY, N.J.</u> Zip:                                                                                                                                                                                        | 07065-0907         | overpayment                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               | in any                                                                              |  |
|                                                                                                                                                                                                                               | DO NOT USE THIS    | SPACE                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     |  |
| 8. Statement and signature:                                                                                                                                                                                                   |                    |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     |  |
| To the best of my knowledge and belief, the                                                                                                                                                                                   | foregoing informa  | tion is true and corre                                                                                                    | ect and any at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ttached copy                                                                                                  | y is a true                                                                         |  |
| copy of the original document.<br><u>CATHERINE D. FITCH</u> Reg. No. <u>36</u>                                                                                                                                                | 502 / 10           | chorens ( DAZ)                                                                                                            | h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1. Sinta                                                                                                      | K.                                                                                  |  |
| Name of Person Signing                                                                                                                                                                                                        |                    | Signature                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Da                                                                                                            |                                                                                     |  |
| Total number of pages                                                                                                                                                                                                         | including cover sl | neet, attachments, a                                                                                                      | nd document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | :: Four                                                                                                       |                                                                                     |  |
| Mail documents to be recorded with the required         Commissioner of Patents and Trademarks         Box Assignments         Washington, D.C. 20231         3/200/ 610N1       00000041 1/2755         1:581       10.00 CE |                    | anation to Jet Asited with<br>first class a<br>Assistent C<br>ington, D.C. 1<br>Prated form Merck & Corr, Inc<br>By Julia | <b>Nell in an em<br/>Dominissioner</b><br>10231, on the a<br>1027, on the | tates Postal Se<br>velope addre:<br>for Patents,<br>date appearing<br>O., INC.<br>(Assignments Fol<br>Date 10 | ervice as<br>ssed to:<br>Wash-<br>g below.<br>der) 5/80/2000<br><u>/ 0 / 20</u> -00 |  |

### ASSIGNMENT AND AGREEMENT

For value received, we, GUY R. HUMPHREY, ROSS A. MILLER, and WENJIE LI,

# of 14 WALKER DRIVE, BELLE MEAD, NEW JERSEY 08502, 159 HELEN STREET, FANWOOD, NEW JERSEY 07023, AND AT 616 TALLY DRIVE, PITTSBURGH, PENNSYLVANIA 15237, RESPECTIVELY,

hereby sell, assign and transfer to MERCK & CO., Inc., a corporation of the State of New Jersey, having an office at Lincoln Avenue, City of Rahway, State of New Jersey, and it successors, assigns and legal representatives, the entire right, title and interest, for all countries, in and to certain inventions relating to

#### INTERMEDIATES AND PROCESS FOR THE SYNTHESIS OF AZASTEROIDS

described in an application for Letters Patent of the United States, executed by each of us on even date herewith, or executed on the date shown in the Declaration and Power of Attorney relating to said application, and all the rights and privileges, including any and all benefits under the International Convention for the Protection of Industrial Property and related treaties, under any and all Letters Patents which may be granted in any foreign country, and under any and all extensions, divisionals, reissues and continuations of said Letters Platents.

We request that any and all Patents for said inventions be issued to said assignee, its successor, assigns and legal representatives, or to such nominees as it may designate.

We agree that, when requested, we will, without charge to said assignee but at its expense, sign all papers, take all rightful oaths, and do all acts which may be necessary, desirable or convenient for securing and maintaining Patents for said inventions in any and all countries and for vesting title thereto in said assignee, its successors, assigns and legal representatives or nominees.

We covenant with said assignee, its successors, assigns and legal representatives, that the rights and property herein conveyed are free and clear of any encumbrance, and that we have full right to convey the same as herein expressed.

| We hereby authorize our attorney,       | CATHERINE D. FITCH                 | or an attorney with Power of Attorney in this application, of |
|-----------------------------------------|------------------------------------|---------------------------------------------------------------|
| he said MERCK & CO., Inc., to insert Se | rial No and Filing Date of said ac | plication(s) when known.                                      |

| Signed at     | RAHWAY, NEW JERSEY | this | <u>5th</u> | day of | August 1998 |  |
|---------------|--------------------|------|------------|--------|-------------|--|
| GUNER HUMPH   | under              |      |            |        |             |  |
| Jus-A.        | Myc                |      |            |        |             |  |
| ROSS A. MILLE | ER )               |      |            |        |             |  |

Rev. 8/19/96

Page 1 of 3

PATENT REEL: 011194 FRAME: 0477

|                                          |                        |          |                |               | PATE<br>JOINT Merck C |                       |
|------------------------------------------|------------------------|----------|----------------|---------------|-----------------------|-----------------------|
|                                          |                        |          |                |               | U.S. Serial N         | No. 09/212,227        |
|                                          | ASSIGNMENT             | AND      | AGREE          | MENT          | Filing Date _         | 12/16/98              |
| Signed at                                |                        |          | this           | day of        |                       |                       |
|                                          |                        |          |                |               |                       |                       |
|                                          |                        |          |                |               |                       |                       |
|                                          |                        |          |                |               |                       |                       |
|                                          |                        |          |                |               |                       |                       |
|                                          |                        | <u> </u> |                |               |                       |                       |
|                                          |                        |          |                |               | ·····                 |                       |
| STATE OF NEW JERSEY                      |                        |          |                |               |                       |                       |
| County of UNION                          | ʃ <sup>33.</sup>       |          |                |               |                       |                       |
| Personally appoared before me the        | ə above-named GUY R    | . HUMP   | HREY and F     | ROSS A. MILI  | ER                    |                       |
|                                          |                        |          |                |               |                       |                       |
|                                          |                        |          |                |               |                       |                       |
| to me known and known to me to be the p  |                        |          | egoing instrum | nent and ack  | nowledged said i      | nstrument to be their |
| free act and deed this $5$ th day c      | f <u>August 1998</u>   | 3        | · .            | •             |                       |                       |
|                                          |                        |          |                | ( che         | Te J Z                | LAZY                  |
|                                          |                        |          |                | NOTARY        | PUBLIC OF NEW         | IERSEY                |
|                                          | )                      |          |                | My Comm       |                       | 0, 1999               |
| County of                                |                        |          |                |               |                       |                       |
|                                          | )                      |          |                |               |                       |                       |
| Personally appeared before me the        | above-named            |          |                |               |                       |                       |
|                                          |                        |          |                |               |                       |                       |
| to me known and known to me to be the pe |                        | the fore | going instrum  | nent and ackr | nowledged said ir     | istrument to be their |
| ree act and deed this day o              | f                      |          |                |               |                       |                       |
|                                          |                        |          |                |               |                       | Notary Public         |
|                                          |                        |          |                |               |                       | Notary / Done         |
|                                          |                        |          |                |               |                       |                       |
|                                          |                        |          |                |               | P                     | age 2 of 3            |
|                                          |                        |          |                |               |                       | 0                     |
|                                          |                        |          |                |               |                       |                       |
| County of                                | ۲ »».                  |          |                |               |                       |                       |
|                                          |                        |          |                |               |                       |                       |
| Personally appeared before me the        | e above-named          |          |                |               |                       |                       |
| to me known and known to me to be the p  | person(s) who executed | the for  | egoina instrur | nent and ack  | nowledged said i      | nstrument to be their |
| free act and deed this day of            |                        |          |                |               |                       |                       |
|                                          | ot                     |          |                | _             |                       |                       |
|                                          |                        |          |                |               |                       | Notary Public         |
|                                          |                        |          |                |               | PATEN                 | т                     |
|                                          |                        |          |                | REEL:         | 011194 FR             | AME: 0478             |

|                          |               |             |                   |          |               |               | PATENT<br>JOINT Merck Case <u>20149</u><br>U.S. Serial No. <u>09/212,22</u> |
|--------------------------|---------------|-------------|-------------------|----------|---------------|---------------|-----------------------------------------------------------------------------|
|                          |               | A           | SSIGNMENT         | AND      | AGREE         | EMENT         | Filing Date <u>12/16/98</u>                                                 |
| Signed at                |               |             |                   |          | this          | day of        |                                                                             |
|                          |               |             |                   |          | <u> </u>      |               |                                                                             |
|                          |               |             |                   |          |               |               |                                                                             |
|                          |               |             |                   |          |               |               |                                                                             |
|                          |               |             |                   |          |               |               |                                                                             |
|                          |               |             |                   |          |               |               |                                                                             |
|                          |               |             | ``                |          |               |               |                                                                             |
| STATE OF NEW JERS        | EY            |             |                   |          |               |               |                                                                             |
| County of UNION          |               |             | > ss.             |          |               |               |                                                                             |
| Personally app           | ared before   | me the abo  | ve-named GUY F    | r. Humf  | HREY and      | ROSS A. MILI  | _ER                                                                         |
|                          |               |             |                   |          |               |               |                                                                             |
|                          |               |             |                   |          |               |               |                                                                             |
|                          |               |             |                   |          | egoing instru | iment and ack | nowledged said instrument to be their                                       |
| free act and deed this – | 5th           | day of<br>  | August 199        | 8        |               |               | · 63                                                                        |
|                          |               |             |                   |          |               | <u> </u>      | Te Citing<br>Notary Public                                                  |
|                          |               |             |                   |          |               | NOTARY        | IITA G. BROWN<br>PUBLIC OF NEW JERSEY<br>hission Expires April 6, 1999      |
|                          |               |             |                   |          |               | ·             |                                                                             |
| County of                |               |             | > ss.             |          |               |               |                                                                             |
| Personally appe          | ared before   | me the abo  | ove-named         |          |               |               |                                                                             |
| to me known and known    | n to me to be | e the perso | n(s) who executed | the fore | going instru  | ment and ackr | nowledged said instrument to be their                                       |
| free act and deed this   |               | day of      |                   |          |               |               |                                                                             |
| _                        |               |             |                   |          |               |               |                                                                             |

Notary Public

Page 2 of 3

## PATENT REEL: 011194 FRAME: 0479

|                                                                                                                                      |                    |                |                   | PATEN<br>JOINT Merck Ca |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|-------------------|-------------------------|---------------------------------------|
|                                                                                                                                      |                    |                |                   |                         | <u>09/212,227</u>                     |
| ASSIGNM                                                                                                                              | ENT AND            | AGREE          | MENT              | Filing Date             | 12/16/98                              |
| Signed at PLPA 15213<br>Mergle St.<br>WENJIE LI                                                                                      |                    | this           | 2 day of          | Jly                     | <u> 1998</u> .                        |
| $ \frac{\text{COMMONWEALTH OF PENNSYLVANIA}}{\text{County of All CGACy}} $ Personally appeared before me the above-named             | SS.<br>I WENJIE LI |                |                   |                         |                                       |
| to me known and known to me to be the person(s) who e<br>free act and deed this day of<br>Notarial Seal<br>Gretchen L. Bohna, Notary | <u>ily</u>         | egoing instrun | nent and ack      | nowledged said ins      |                                       |
| Pittsburgh, Allegheny Co<br>My Commission Expires May<br>Member, Pennsylvania Ascoc.etic<br>Signed at                                | unty<br>11, 2002   | this           | day of            | /<br>                   | Notary Public                         |
|                                                                                                                                      |                    |                |                   |                         |                                       |
| County of                                                                                                                            | SS.                |                |                   |                         |                                       |
| Personally appeared before me the above-named                                                                                        |                    |                |                   |                         |                                       |
| to me known and known to me to be the person(s) who e<br>free act and deed this day of                                               | xecuted the fore   |                | nent and ackr<br> | nowledged said ins      | trument to be their                   |
|                                                                                                                                      |                    |                | . <u></u>         |                         | Notary Public                         |
|                                                                                                                                      |                    |                |                   |                         | · · · · · · · · · · · · · · · · · · · |
|                                                                                                                                      |                    |                |                   |                         | Page 3 of 3                           |

PATENT REEL: 011194 FRAME: 0480

**RECORDED: 10/12/2000**