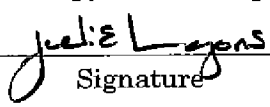
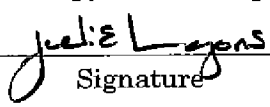
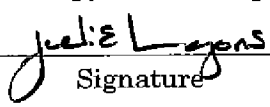


PTO Assignment Office Fax: 703-306-5995

PATENT/Docket No.: 00221.US1

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|---|---|--|--|
| <p>PATENTS ONLY PATENTS ONLY To the Honorable Commissioner of Patents & Trademarks: Please record the attached original document or copy thereof.</p> | | | |
| <p>1. Name of Party(ies) conveying an interest: Fred L. Homa Michael W. Wathen Todd A. Hopkins Darrell R. Thomsen</p> | <p>2. Name and address of Party(ies) receiving an interest: Pharmacia & Upjohn Company Global Intellectual Property 301 Henrietta Street Kalamazoo, MI 49001</p> | | |
| <p>3. Description of the interest conveyed: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agmt <input type="checkbox"/> Change of Name <input type="checkbox"/> Other Execution Date: September 18, 2001</p> | | | |
| <p>4. Application number(s) or patent number(s). Additional sheet attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If this document is being filed together with a new application, the execution date of the application is: _____ date</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>A. Patent Application No.(s) 09/904,065, filed July 12, 2001</p> </td> <td style="width: 50%; border: none;"> <p>B. Patent No.(s)</p> </td> </tr> </table> | | <p>A. Patent Application No.(s) 09/904,065, filed July 12, 2001</p> | <p>B. Patent No.(s)</p> |
| <p>A. Patent Application No.(s) 09/904,065, filed July 12, 2001</p> | <p>B. Patent No.(s)</p> | | |
| <p>5. Name and address of party to whom correspondence concerning this document should be faxed: Julie Lyons, Legal Assistant Pharmacia & Upjohn, 0228-32-LAW Global Intellectual Property 301 Henrietta Street Kalamazoo, Michigan 49001-0199 Fax Number 616-833-8897</p> | <p>6. Number of applications and patents involved: One</p> | | |
| | <p>7. Amount of fee enclosed or authorized to be charged: \$40.00</p> | | |
| | <p>8. Deposit account number: 21-0718</p> | | |
| <p>DO NOT USE THIS SPACE</p> | | | |
| <p>9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p> _____ Signature</p> </td> <td style="width: 50%; border: none;"> <p>_____ Julie Lyons, Legal Assistant Name of Person Signing</p> </td> </tr> </table> <p>Date: October 4, 2001</p> | | <p> _____ Signature</p> | <p>_____ Julie Lyons, Legal Assistant Name of Person Signing</p> |
| <p> _____ Signature</p> | <p>_____ Julie Lyons, Legal Assistant Name of Person Signing</p> | | |

PATENT/Docket No. 00221.US1

ASSIGNMENT

Title: A Method for Treating Herpes Viruses
Inventors: FL Homa, MW Wathen, TA Hopkins, DR Thomsen
Serial No.: 09/904,065 **Filing Date:** 7/12/01
Docket No. 00221.US1 **Country:** US
Execution Date of Application:

As a below-named inventor, I hereby declare that:

My post office address is as stated below under my signature and I am named as inventor of the inventions or discoveries (herein INVENTIONS) as described in the patent application (herein APPLICATION) identified above. In view of valuable consideration, receipt thereof is hereby acknowledged, I do hereby assign and transfer unto PHARMACIA & UPJOHN COMPANY, a corporation of the State of Delaware having a place of business at Kalamazoo, Michigan, its successors and assigns, my entire interest in and the full and exclusive right to the INVENTIONS, the APPLICATION and all related applications (including all divisions, reissues, continuations, and extensions thereof) and all counterparts in other countries, and any and all Letters Patent (and certificates of invention or similar certificates) (herein PATENTS) which may be granted based upon the INVENTIONS or the APPLICATION or related applications or counterparts in other countries; said transfer and assignment being applicable throughout the world. I hereby authorize and request officials of patent offices in any and all countries of the world to issue any and all of the PATENTS, when granted, to PHARMACIA & UPJOHN COMPANY, its successors and assigns, as the assignee of my entire right, title, and interest in and to the same. I agree that I will communicate to PHARMACIA & UPJOHN COMPANY, or its representatives, any facts known to me respecting the invention; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuation, substitution, renewal, and reissue applications; execute all necessary assignment papers to cause any and all of the PATENTS to be issued to PHARMACIA & UPJOHN COMPANY; make all rightful oaths; and generally do everything possible to aid PHARMACIA & UPJOHN COMPANY, its successors and assigns, to obtain and enforce proper protection for the INVENTION in any and all countries throughout the world. I hereby authorize and request the attorneys of record in said application to insert in this assignment the execution date and/or filing date and serial number of said application when officially known.

PATENT/Docket No. 00221.US1

FULL NAME OF FIRST/SOLE INVENTOR: Fred L. Homa

Signature of Inventor: Fred L. Homa

Address: 3430 Pine Grove Lane, Kalamazoo, Michigan 49008

STATE OF MICHIGAN
COUNTY OF KALAMAZOO

On September 18, 2001, the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

SEAL

Debra J. Marquette
Notary Public DEBRA J. MARQUETTE
Notary Public, Kalamazoo County, MI
My Commission Expires 9/25/2004

FULL NAME OF SECOND/JOINT INVENTOR: Michael W. Wathen

Signature of Inventor: Michael W. Wathen

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STATE OF MICHIGAN
COUNTY OF KALAMAZOO

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PATENT/Docket No. 00221.US1

FULL NAME OF THIRD/JOINT INVENTOR: Todd A. Hopkins

Signature of Inventor: Todd A. Hopkins

Address: 744 Sarah Street, Galesburg, Michigan 49053

STATE OF MICHIGAN
COUNTY OF KALAMAZOO

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Notary Public DEBRA J. MARQUETTE
Notary Public, Kalamazoo County, MI
My Commission Expires 9/25/2004

FULL NAME OF FOURTH/JOINT INVENTOR: Darrell R. Thomsen

Signature of Inventor: Darrell R. Thomsen

Address: 6916 Willson Drive, Kalamazoo, Michigan 49009

STATE OF MICHIGAN
COUNTY OF KALAMAZOO

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