FORM PTO-1619A		1	09/786219 PCT/PTO 01 MAR U.S. Department of Commerce Patent and Trademark Office
Expires 06/30/99 OMB 0651-0027	01-11-2		PATENT
RE			
TO: The Commissioner of Patents and	Trademarks: Please re		<u>1103326-0655</u> ocument(s) or copy(ies).
Submission Type			greement
X New Resubmission (Non-Recordation)			-
Document ID#			
Correction of PTO Error Reel # Frame #	Merge	U.S. Governm	nent
Corrective Document Reel # Frame #		(For Use ONLY by U.S. Govern Departmental File	nment Agencies) Secret File
Conveying Party(ies)	X Mark if	additional names of conveying	parties attached Execution Date Month Day Year
Name (line 1) Elebring, Thomas			01 08 2001
Name (line 2)			Execution Date Month Day Yea
Second Party Name (line 1) Holmen, Anders			
Name (line 2)			
Receiving Party		Mark if additional nam	es of receiving parties attached
Name (line 1) AstraZeneca A	В		is an assignment and receiving party is not
Name (line 2)			domiciled in the United States, an appointmen of a domestic
Address (line 1) S-151 85 Soder	talje, Sweden		representative is attac (Designation must be separate document fro
Address (line 2)			Assignment.)
			Zip Code
Address (line 3) City Domestic Representative Nam	e and Address	ate/Country Enter for the first Receivin	g Party only.
Name White & Case			
Address(line I)	of the Americas		
Address (line 3) New York	0036 USA		
Address (line 4) New York 1	.0000	E USE ONLY	
	FOR OFFICE		
Public burden reporting for this collection of informatio		Cover Sheet to be rea	corded, including time for reviewing the doc
Public burden reporting for this collection of informatio gathering the data needed to complete the Cover Sheet D.C. 20231 and to the Office of information and Regulat thermation Collection Budget Package 0651-0027, Part	on is estimated to average approxim	ately 30 minutes per Cover citer and Trad urden estimate to the U.S. Patent and Trad	emark Office, Chief Information Cristian (1051-10027), Washington, D.C. 20503. See O CORD ASSIGNMENT DOCUMENTS TO THIS A Mation to: ngton, D.C. 20231

		97786219 7PTO 01MAR 20 0
FORM PTO-1619B Expires 06/30/99 OMB 0651-0027	Page 2	U.S. Department of Commerce Patent and Trademark Office PATENT
orrespondent Name and Address	Area Code and Telephone Number 2	12-819-8200
Name White & Case LLP		
Address(line 1) Patent Department		
Address(line 2) 1155 Avenue of the	Americas	
Address (line 3) New York		
Address(line 4) New York 10036 U	USA	
ages Enter the total number of paging including any attachments.	ges of the attached conveyance documer	nt # 10
Application Number(s) or Patent Num	L	itional numbers attached
Enter either the Patent Application Number or the P Patent Application Number(s)	atent Number (DO NOT ENTER BOTH numbers for Patent N	the same property). umber(s)
f this document is being filed together with a <u>new</u> Pater signed by the first named executing inventor.	nt Application, enter the date the patent application v	Month Day Year
atent Cooperation Treaty (PCT)	PCT CE00 /02426 PCT	PCT
Enter PCT application number	<u>SEUU/1)2420</u>	
only if a U.S. Application Number	PCT PCT	PCT
has not been assigned.		one (1)
lumber of Properties Enter the tot	al number of properties involved. #	
Fee Amount Fee Amount f	for Properties Listed (37 CFR 3.41): \$	40
Encle	osed 🖾 Deposit Account 🛄	
Method of Payment.		
Deposit Account	itional fees can be charged to the account.)	23-1703
Deposit Account (Enter for payment by deposit account or if add	itional fees can be charged to the account.) Deposit Account Number: #[<u>23-1703</u> Yes X No
Deposit Account (Enter for payment by deposit account or if addi Statement and Signature To the best of my knowledge and be attached copy is a true copy of the	itional fees can be charged to the account.) Deposit Account Number: # Authorization to charge additional fees: elief, the foregoing information is true an original document. Charges to deposit a	Yes X No d correct and any ccount are authorized, as
Deposit Account (Enter for payment by deposit account or if addi Deposit Account (Enter for payment by deposit account or if addi Statement and Signature	itional fees can be charged to the account.) Deposit Account Number: # Authorization to charge additional fees: elief, the foregoing information is true an original document. Charges to deposit a	Yes X No

	09	/786219
[0 0 1 MAR 2001
FORM PTO- Expires 06/30/99 OMB 0651-0027	1619C RECORDATION FORM COVER SHEET	S. Department of Commerce atent and Trademark Office PATENT
Conveying P	I ** I WALK II AUGUUDIAL DAIDES OF CONVEYING DAIDES ATTACHAG	
	Conveying Parties	Execution Date Month Day Year
Name (line 1)	Olsson, Thomas	01 09 2001
Name (line 2)		
г		Execution Date Month Day Year
Name (line 1)	Swanson, Marianne	01 25 2001
Name (line 2)		Execution Date
Name (line 1)	Von Unge, Sverker	Month Day Year
· · · ·		01 08 2001
Name (line 2)		
Receiving Pa	I mark in additional marines of receiving partie	s attached
	Receiving Party(ies)	
Name (line 1)		If document to be recorded is an assignment and the receiving party is not
Name (line 2)		domiciled in the United States, an appointment
Address (line 1)	[[*]	of a domestic representative is attached. (Designation
		must be a separate document from
Address (line 2)		Assignment.)
Address (line 3)	City State/Country Zip Code	
Name (line 1)		If document to be recorded is an assignment and the receiving party is not
Name (line 2)		domiciled in the United States, an appointment of a
		domestic representative is attached. (Designation must
Address (line 1)		be a separate document from Assignment.)
Address (line 2)		
Address (line 3)	State/Country Zip Co	ode
	<u>CIV</u>	ma property).
Application Enter either th	Number(s) or Patent Number(s)Mark in additional managers for the same Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same Patent Number)	er(s)
P	Patent Application Number(s)	
L		
		l []
L]

FORM PTO-1610C Department of Commerce Partners and Stress and St				528 Re	09 6'd PCT/	/786219 <u>PTO 01 MAR 20</u> 0
Enter additional Conveying Parties Execution Date Name (line 1) Guzzoo, Peter R. Name (line 1) Execution Date Name (line 1) Month Day Year Name (line 2) Mark If additional names of receiving parties attached Enter additional Receiving Party(ies) Mark If additional names of receiving parties attached Name (line 1) If document to be recorded Name (line 2) Guzzoo, City Address (line 2) State/Country Address (line 2) State/Country Address (line 2) State/Country Address (line 3) City State/Country Zip Code Name (line 1) If document to be recorded Is an assignment and the top conded State/Country Zip Code City State/Country Zip Code Address (line 3) City State/Country Zip Code Address (line	Expires 06/30/99	519C RECO	CONTINUATIO	N		Patent and Trademark Office
Name (line 1) Guzzo, Peter R. Name (line 2) Execution Date Name (line 1) Execution Date Name (line 2) Execution Date Name (line 1) Execution Date Name (line 2) Execution Date Name (line 1) Execution Date Name (line 2) Execution Date Name (line 2) Mark if additional names of receiving parties attached Enter additional Receiving Party(les) Mark if additional names of receiving parties attached Name (line 2) Mark if additional names of receiving parties attached Address (line 2) Guzzon (Date Month Day Year) Address (line 2) Mark if additional names of receiving parties attached Name (line 2) Guzzon (Date Month Day Year) Address (line 3) City State/Country Zip Code Name (line 1) If document to be recorded is an assignment and the receiving parties in ot domicide in the United domicide new from Assignment at the term of a domastic representative is an assignment at the term of a domastic representative is an assignment at the term of a domastic representative is an assignment at the term of a domastic representative is an assignment at the term of a domastic representative is an assignment at the term of a domastic representative is an assignment at the terevine domastic representative reparties in ot			Mark if additional	names of conveying pa	rties attached	
Name (line 1) Execution Date Name (line 2) Execution Date Name (line 1) Execution Date Name (line 2) Execution Date Name (line 2) Name (line 2) Receiving Party(les) Mark if additional names of receiving parties attached Enter additional Receiving Party(les) If document to be recorded Name (line 2) If document to be recorded Name (line 2) City Address (line 3) City State/Country Zip Code Name (line 2) If document to be recorded Address (line 3) City State/Country Zip Code Address (line 3) City State/Country Zip Code Address (line 3) City State/Country Zip Code Address (line 3) City Address (line 4) State/Country Address (line 5) Mark if additional numbers attached Address (line 2) Address (line 7) Address (line 7) Mark if additional numbers attached Address (line 7) State/Country Address (line 7) Mark if additional numbers attached Address (line 7) Mark if additional numbers attached Address (line 7) Mark if additional numbers of the same property). Address (line 7) State/Country Address (line 7) Enter Application Number or the Patent Number (DO NOT ENTER BOTI numbers of the same property).	Name (line 1)	Guzzo, Peter R.				01 30 2001
Name (line 1) Execution Date Name (line 2) Month Day Year Name (line 2) Mark if additional names of receiving parties attached Enter additional Receiving Party(les) Mark if additional names of receiving parties attached Enter additional Receiving Party(les) If document to be recorded is an assignment and the receiving party is not document from Assignment.) Address (line 1) If additional names of receiving party is not document from Assignment.) Address (line 3) City Sitable/Country Zip Code Name (line 2) If document to be recorded is an assignment and the receiving party is not document from Assignment.) Address (line 3) City Sitable/Country Zip Code Name (line 2) If document to be recorded is an assignment and the receiving party is not document from Assignment.) Address (line 3) City Sitable/Country Zip Code Address (line 2) Address (line 2) Address (line 3) City Sitable/Country Zip Code Address (line 2) Address (line 3) Address (line 3) City Sitable/Country Zip Code Address (line 3) City <th>Name (line 2)</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Name (line 2)					
Name (line 1) Execution Date Name (line 2) Mark if additional names of receiving parties attached Enter additional Receiving Party(les) Mark if additional names of receiving parties attached Name (line 1) If document to be recorded Is an satignment and the receiving party is not cereving parties attached Address (line 2) State/Country Address (line 2) Address (line 2) Address (line 2) State/Country Zip Code If document to be recorded is an assignment and the receiving parties attached. (Designment) Name (line 2) State/Country Address (line 2) State/Country Address (line 3) City State/Country Zip Code If document to be recorded is an assignment and the receiving parties attached. Assignment and the receiving parties attached is an assignment and the receiving parties attached. The second the second document from Assignment and the receiving parties attached. The second document from Assignment and the receiving parties attached. Assignment and the receiving parties attached is an assignment and the receiving parties attached. Assignment at the United is attached. The second receiving parties attached. Assignment is a document from Assignment is attached. Assignment is a document from Assignment. Addr	Name (line 1)					Month Day Year
Name (line 2) Receiving Party(ies) Enter additional Receiving Party(ies) Name (line 1) Name (line 2) Address (line 1) Address (line 2) Address (line 3) City State/Country Zip Code Name (line 2) Address (line 3) City State/Country Zip Code Address (line 2) Address (line 3) City State/Country Zip Code Address (line 3) City State/Country Zip Code Address (line 2) Address (line 3) City State/Country Zip Code Address (line 2) Address (line 3) City State/Country Zip Code Address (line 3) City State/Country Zip Code Address (line 3) City State/Country Zip Code	Name (line 2)			·····		
Receiving Party(ies) Mark if additional names of receiving parties attached Enter additional Receiving Party(ies) Mark if additional names of receiving parties attached Name (line 1) If document to be recorded is an assignment and the receiving party is not domiciled in the United Address (line 2) States, an appointment of a domicile in the United Address (line 2) Address (line 3) City State/Country Zip Code If document to be recorded is an assignment. Name (line 1) Address (line 2) Address (line 2) State/Country Zip Code If document to be recorded is an assignment and the receiving party is not domiciled in the United states, an appointment of a domiciled in the United states, an appointment of a domiciled in the United states, an appointment of a domiciled in the United states, an appointment of a domiciled in the United states, an appointment of a domiciled in the United states, an appointment of a domiciled in the United states, an appointment of a domiciled in the United states, an appointment from Assignment.) Address (line 2) State/Country Zip Code Address (line 3) City State/Country Zip Code Address (line 3) City State/Country Zip Code Address (line 3) City State/Country Zip Code Address (line 3)<	Name (line 1)			· · · ·		
Enter additional Receiving Party(ies) If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an assignment and the receiving party is not domiciled in the United States, an assignment, and the receiving party is not domiciled in the United States, and appointment from Assignment.) Address (line 2) If document to be recorded is an assignment and the receiving party is not domiciled in the United States, and appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 3) City State/Country Zip Code Name (line 1) If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an assignment and the receiving party is not domiciled in the United States, an assignment of a domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 2) If document to be recorded is an assignment of a domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 2) If document to a domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 3) City State/Country Zip Code	Name (line 2)		New York William Prod]
Enter additional Receiving Party(ies)	Receiving Par	rty(ies)	Mar	k if additional names of	receiving part	es attached
Name (line 1) is an assignment and the receiving party is not domiciled in the United States, an appointment Address (line 1) of a domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 3) City State/Country Zip Code Name (line 1) is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 3) City State/Country Zip Code Name (line 1) is an assignment and the receiving party is not domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 2) domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 3) City State/Country Zip Code Address (line 3) City	Enter additional R	eceiving Party(ies)				
Name (line 2) domiciled in the United Address (line 1) must be a separate Address (line 2) assignment.) Address (line 3) City State/Country Zip Code Name (line 1) fd ocument to be recorded Name (line 1) fd ocument to be recorded Name (line 2) fd ocument to be recorded Address (line 2) fd ocument to be recorded Name (line 1) fd ocument to be recorded Name (line 2) fd ocument to be recorded Address (line 2) fd ocument of a domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 2) gd of the United Address (line 3) City state/Country State/Country	Name (line 1)					is an assignment and the
Address (line 1) of a domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 2) Address (line 3) City State/Country Zip Code Name (line 1) If document to be recorded is an assignment. of a domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 2) If document to be recorded is an assignment and the receiving party is not domiciled in the United to a separate document from Assignment. Address (line 2) State/Country Address (line 2) If document from Assignment of a domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 3) City State/Country Zip Code Address (line 3) City State/Country Zip Code Address (line 3) City City State/Country	Name (line 2)					domiciled in the United
Address (line 2) Assignment.) Address (line 3) City State/Country Zip Code Name (line 1) If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic receiving party is is attached. (Designation must be a separate document from Assignment.) Address (line 2) Image: City is an appointment of a domestic receiving party is is attached. (Designation must be a separate document from Assignment.) Address (line 2) Image: City is attached is an assignment.) Address (line 3) City is attached is attached is a tached is a separate document from Assignment.) Application Number(s) or Patent Number(s) Mark if additional numbers for the same property). Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).	Address (line 1)					of a domestic representative is attached. <i>(Designation must be a separate</i>
City City If document to be recorded is an assignment and the receiving party is not domestic representative is attached. (Designation must be a separate document from Assignment.) Address (line 2)	Address (line 2)					
Name (line 1)	Address (line 3)	City	S	tate/Country	Zip Co	de
Name (line 2) domiciled in the United Address (line 1) domestic resentative is Address (line 2) attached. (Designation must be a separate document from Assignment.) Address (line 3) City City State/Country Zip Code Application Number(s) or Patent Number(s) Mark if additional numbers attached Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property). Patent Number(s)	Name (line 1)					is an assignment and the
Address (line 1) attached. (Designation must be a separate document from Assignment.) Address (line 2) attached. (Designation must be a separate document from Assignment.) Address (line 3) City City State/Country Zip Code Application Number(s) or Patent Number(s) Mark if additional numbers attached Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property). Patent Number(s)	Name (line 2)			·		domiciled in the United States, an appointment of a domestic representative is
Address (line 2)	Address (line 1)					attached. (Designation must be a separate document from
Address (line 3)	Address (line 2)] ¬	
Application Number(s) or Patent Number(s) Mark if additional numbers attached Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).		City				
Patent Application Number(s) Patent Rumser(s)	Application N		Number(s)	Mark if additional nun	bers attached mbers for the s Patent Num	same property).
	Pa	atent Application Numb	er(s)	[]		
					L	
					L	
					L	L

ASSIGNMENT

WHEREAS, we, Thomas Elebring; Anders Holmén; Thomas Olsson; Marianne Swanson and Sverker Von Unge; all of AstraZeneca R&D Mölndal, S-431 83 Mölndal, Sweden; and Peter R. Guzzo of Albany Molecular Research Inc., 21 Corporate Circle, Albany, New York 12212-5098, USA; citizens of Sweden, Sweden, Sweden, Sweden, Sweden and the United States of America, respectively; have made an invention entitled NEW AMINOPROPYLPHOSPHINIC ACIDS

for which we are about to make an application for Letters Patent of the United States, which application claims priority from Swedish application No. 9904508-0 filed on 9 December 1999 and Swedish application No. 0003640-0 filed on 9 October 2000, and

WHEREAS, **AstraZeneca AB**, a corporation organized and existing under the laws of **Sweden** and having an office for the transaction of business in Södertälje, Sweden, is desirous of acquiring the entire right, title and interest in and to said invention and any improvements thereon, and in and to the said application for Letters Patent there for, and any Letters Patent which may be obtained therefor;

NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN, BE IT KNOWN, that we, the said INVENTORS, for and in consideration of the sum of One Dollar (\$1.00), lawful money of the United States, to us in hand paid by said ASSIGNEE, and other valuable considerations unto us moving from said ASSIGNEE, at or before the ensealing and delivery of these presents, the receipt of which is hereby acknowledged, have sold, assigned, transferred and conveyed and by these presents do sell, assign, transfer and convey, unto said ASSIGNEE, its successors and assigns, the entire right, title and interest in and to the said invention as set forth and described in the specification forming a part of the application for Letters Patent of the United States for NEW (AMINOPROPYL)METHYLPHOSPHINIC ACIDS and any and all improvements thereon, and in and to said application and any division, continuation or continuation-in-part thereof, and in and to any Letters Patent of the United States which may be issued on any of said applications, and any reissues thereof, and in and to any and all applications for Letters Patent filed in foreign countries for said invention or improvements, including all priority rights under the Paris Convention, and any and all Letters Patent which may be granted in foreign countries therefor, TO HAVE AND TO HOLD THE SAME to the full end of the term or terms for which any and all said Letters Patent may be granted;

AND we, the said INVENTORS, do hereby authorize and request the Commissioner of Patents and Trademarks to issue the said Letters Patent of the United States to said ASSIGNEE, as the assignee of the entire right, title and interest in and to the same, for the sole use and behoof of said ASSIGNEE, its successors and assigns;

AND we, the said INVENTORS, for the considerations aforesaid, do hereby covenant and agree to and with said ASSIGNEE, its successors and assigns, that we have the full power to make this assignment, and that the rights assigned are not encumbered by any grant, license or right heretofore given, and that we, our executors or administrators, shall and will do all lawful acts and things and make, execute and deliver without further compensation, any and all other instruments in writing, further applications, papers, affidavits, powers of attorney, assignments, and other documents which, in the opinion of counsel for said ASSIGNEE, its successors and assigns, may be required or necessary to more effectively secure to and vest in said ASSIGNEE, its successors and assigns, the entire right, title and interest in and to said invention and improvements, applications, Letters Patent, rights, benefits, privileges and advantages hereby sold, assigned, transferred and conveyed, and that we will sign any applications for reissue which may be desired by the owner of the patent or patents which may be issued for the said invention or improvements.

IN WITNESS WHEREOF, we, the said INVENTORS, have hereunto set our hands and sealson the date below written.

01-01-08

Czilonami Signature of Witness

Name and Address of Witness: Mari Conflerinammar Stardevagen 26 5 43440 KUNGSTSHERA Divectori

The name and address of each witness should be typed or clearly printed below (NOTE: the signature of the witness.

Name and Address of Witness: Susanne Marschlee Sundefjällsgatan 26 5-43151 Mölnulal

Sweden

By: Thomas Elebring

Date	By: Peter R Guzzo
WITNESS	
Signature of Witness	Signature of Witness
Name and Address of Witness:	Name and Address of Witness:

(NOTE: The name and address of each witness should be typed or clearly printed below the signature of the witness.

2001-07-10

Anders Holmin

By: Anders Holmén

WITNESS:

Signature of Witness Signature of Witness

Name and Address of Witness: WATER LINDBERG KAREBY KYOKNAL 149 442 93 KAREBY SURALAS

Name and Address of Witness:

Hanna Nelander Fredásgatan IB 43167 Möludal Sweden

The name and address of each witness should be typed or clearly printed below (NOTE: the signature of the witness.

2001-01-04

Date

WITNESS:

Tenny Theblic

Name and Address of Witness:

TOMMY ILLEFSK: LAJOALABELGEN ST MILLY GOTEBURG SUERIGE

By: Thomas Olsson

Signature of Witness

Name and Address of Witness:

JCHAN KAJANUS OLOF RUDBACKSGATAN 19 HIZ 60 GOTEBORG SIERIGE

(**NOTE:** The name and address of each witness should be typed or clearly printed below the signature of the witness.

610123

By: Marianne Swansor

WITNESS:

namna Wallinder

Name and Address of Witness: Johanna Wallinder Bergedsv 5 433 51 Partille

<u>Min Ravakko</u> Signature of Witness

Name and Address of Witness:

Min Routhe Gotoppingen 3b 433 33 Portille

(NOTE: The name and address of each witness should be typed or clearly printed below the signature of the witness.

08/01/2001 Date

۲

WITNESS:

Bengt Chlen

Name and Address of Witness:

Bengt Chilsson Margantia Hersist Partstickeregatan & Kienzetan 3 41658 Göleborg 43134 Molnidal 41658 Gilleborg

Sveile can Urzy By: Sverker Von Unge

man; auto Bueloi

Name and Address of Witness:

(NOTE: The name and address of each witness should be typed or clearly printed below the signature of the witness.

ASSIGNMENT

WHEREAS, we, Thomas Elebring; Anders Holmén; Thomas Olsson; Marianne Swanson and Sverker Von Unge; all of AstraZeneca R&D Mölndal, S-431 83 Mölndal, Sweden; and Peter R. Guzzo of Albany Molecular Research Inc., 21 Corporate Circle, Albany, New York 12212-5098, USA; citizens of Sweden, Sweden, Sweden, Sweden, Sweden and the United States of America, respectively; have made an invention entitled NEW AMINOPROPYLPHOSPHINIC ACIDS

for which we are about to make an application for Letters Patent of the United States, which application claims priority from Swedish application No. 9904508-0 filed on 9 December 1999 and Swedish application No. 0003640-0 filed on 9 October 2000, and

WHEREAS, **AstraZeneca AB**, a corporation organized and existing under the laws of **Sweden** and having an office for the transaction of business in Södertälje, Sweden, is desirous of acquiring the entire right, title and interest in and to said invention and any improvements thereon, and in and to the said application for Letters Patent there for, and any Letters Patent which may be obtained therefor;

NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN, BE IT KNOWN, that we, the said INVENTORS, for and in consideration of the sum of One Dollar (\$1.00), lawful money of the United States, to us in hand paid by said ASSIGNEE, and other valuable considerations unto us moving from said ASSIGNEE, at or before the ensealing and delivery of these presents, the receipt of which is hereby acknowledged, have sold, assigned, transferred and conveyed and by these presents do sell, assign, transfer and convey, unto said ASSIGNEE, its successors and assigns, the entire right, title and interest in and to the said invention as set forth and described in the specification forming a part of the application for Letters Patent of the United States for NEW (AMINOPROPYL)METHYLPHOSPHINIC ACIDS and any and all improvements thereon, and in and to said application and any division, continuation or continuation-in-part thereof, and in and to any Letters Patent of the United States which may be issued on any of said applications, and any reissues thereof, and in and to any and all applications for Letters Patent filed in foreign countries for said invention or improvements, including all priority rights under the Paris Convention, and any and all Letters Patent which may be granted in foreign countries therefor, TO HAVE AND TO HOLD THE SAME to the full end of the term or terms for which any and all said Letters Patent may be aranted:

AND we, the said INVENTORS, do hereby authorize and request the Commissioner of Patents and Trademarks to issue the said Letters Patent of the United States to said ASSIGNEE, as the assignee of the entire right, title and interest in and to the same, for the sole use and behoof of said ASSIGNEE, its successors and assigns;

AND we, the said INVENTORS, for the considerations aforesaid, do hereby covenant and agree to and with said ASSIGNEE, its successors and assigns, that we have the full power to make this assignment, and that the rights assigned are not encumbered by any grant, license or right heretofore given, and that we, our executors or administrators, shall and will do all lawful acts and things and make, execute and deliver without further compensation, any and all other instruments in writing, further applications, papers, affidavits, powers of attorney, assignments, and other documents which, in the opinion of counsel for said ASSIGNEE, its successors and assigns, may be required or necessary to more effectively secure to and vest in said ASSIGNEE, its successors and assigns, the entire right, title and interest in and to said invention and improvements, applications, Letters Patent, rights, benefits, privileges and advantages hereby sold, assigned, transferred and conveyed, and that we will sign any applications for reissue which may be desired by the owner of the patent or patents which may be issued for the said invention or improvements.

IN WITNESS WHEREOF, we, the said INVENTORS, have hereunto set our hands and sealson the date below written.

Date	
WITNESS:	
Signature of Witness	

Signature of Witness

By: Thomas Elebring

Name and Address of Witness:

Name and Address of Witness:

(NOTE: The name and address of each witness should be typed or clearly printed below the signature of the witness.

Janvary <u> 50</u> Date

WITNESS:

Signature of Witnes

Ronald N. Buckle Name and Address of Witness: 2568 Western Avenue #1-6 AltAment, New York 12009

By: Peter R Guzzo

Signature of Witness

Katrina L. Arnold Name and Address of Witness: 106 Heritage Road Apt. 10 Guilderland, NY 12084

The name and address of each witness should be typed or clearly printed below (NOTE: the signature of the witness.

Date

By: Anders Holmén

WITNESS:

Signature of Witness

Signature of Witness

Name and Address of Witness:

Name and Address of Witness:

(NOTE: The name and address of each witness should be typed or clearly printed below the signature of the witness.

	n
Date	By: Thomas Olsson
WITNESS:	
Signature of Witness	Signature of Witness
Name and Address of Witness:	Name and Address of Witness:
(NOTE: The name and address of ea the signature of the witness.	ach witness should be typed or clearly printed below

Date

By: Marianne Swanson

WITNESS:

Signature of Witness

Signature of Witness

Name and Address of Witness:

Name and Address of Witness:

(**NOTE:** The name and address of each witness should be typed or clearly printed below the signature of the witness.

Date

By: Sverker Von Unge

WITNESS:

ge an op i standistica and adde state i the state

Signature of Witness

Signature of Witness

Name and Address of Witness:

Name and Address of Witness:

(**NOTE:** The name and address of each witness should be typed or clearly printed below the signature of the witness.