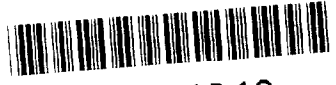


FORM PTO-1595 (Modified) (Rev. 6-93) OMB No. 0651-0011 (exp. 4/94) Copyright 1994-97 LegalStar P08/REV02

07-05-2002



102144949

Docket No.:

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U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

Tab settings → → → To the Honorable Commissioner of F

...the attached original documents or copy thereof.

1. Name of conveying party(ies): COLLEEN KELLEY MAX GROGL BRIAN G. SCHUSTER
Additional names(s) of conveying party(ies) Yes No

6-24-02

2. Name and address of receiving party(ies):
Name: UNITED STATES ARMY
Internal Address: U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other
Execution Date: August 8, 2001; May 14, 2002

Street Address: 504 SCOTT STREET
FORT DETRICK
City: FREDERICK State: MD ZIP: 21702
Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration numbers(s):
If this document is being filed together with a new application, the execution date of the application is:
A. Patent Application No.(s) 09/048,334
March 26, 1998

B. Patent No.(s)
Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: ELIZABETH ARWINE
Internal Address: U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
ATTN: MCMR-JA
Street Address: 504 SCOTT STREET
FORT DETRICK
City: FREDERICK State: MD ZIP: 21702

6. Total number of applications and patents involved: 1
7. Total fee (37 CFR 3.41):.....\$ 40.00
 Enclosed - Any excess or insufficiency should be credited or debited to deposit account
 Authorized to be charged to deposit account
8. Deposit account number: 21-0380

~~07/03/2002~~ ~~00000036~~ ~~210380~~ ~~09048334~~
01 FC:581 40.00 CH

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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.
ELIZABETH ARWINE, Reg. No. 45,867
Name of Person Signing

Elizabeth Arwine
Signature

14 June 2002
Date

Total number of pages included:

cover sheet, attachments, and document:

5

SUPPLEMENTAL SIGNATURE SHEET

For use of this form, see AR 27-60; the proponent agency is OTJAG

Use this form with DA Forms 2873-R and 2874-R when additional signature blocks are needed.

1. ASSIGNOR(s) OR LICENSOR(s) NAME(s)
HEATHER CALLAHAN; COLLEEN KELLEY; MAX GROGL;
BRIAN G. SCHUSTER

2. APPLICATION SERIAL NUMBER
09/048,334

3. FILING DATE
March 26, 1998

4. TITLE OF INVENTION
COMPOSITIONS HAVING ANTI-LEISHMANIAL ACTIVITY

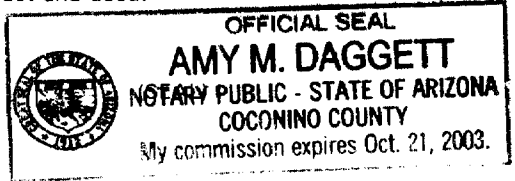
SIGNATURE OF INVENTOR: Colleen Kelley
(First name) (Middle initial) (Last name)

DUTY ADDRESS: Walter Reed Army Institute of Research, Silver Spring, Maryland 20910-7500

DATE SIGNED: 8/8/2001 INVENTOR'S TYPED NAME: COLLEEN KELLEY

STATE OF ARIZONA)
COUNTY OF Coconino) SS.

On the above date **COLLEEN KELLEY** known to me to be the individual described in and who executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed.



Amy M. Daggett
(Signature of notary public)
My Commission expires on Oct 21, 2003

SIGNATURE OF INVENTOR: _____
(First name) (Middle initial) (Last name)

DUTY ADDRESS: Walter Reed Army Institute of Research, Silver Spring, Maryland 20910-7500

DATE SIGNED: _____ INVENTOR'S TYPED NAME: MAX GROGL

STATE OF _____)
COUNTY OF _____)

On the above date **MAX GROGL** known to me to be the individual described in and who executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed.

(SEAL) _____
(Signature of notary public)

My Commission expires on _____

SUPPLEMENTAL SIGNATURE SHEET

For use of this form, see AR 27-60; the proponent agency is OTJAG

Use this form with DA Forms 2873-R and 2874-R when additional signature blocks are needed.

1. ASSIGNOR(s) OR LICENSOR(s) NAME(s)
HEATHER CALLAHAN; COLLEEN KELLEY; MAX GROGL;
BRIAN G. SCHUSTER

2. APPLICATION SERIAL NUMBER
09/048,334

3. FILING DATE
March 26, 1998

4. TITLE OF INVENTION

COMPOSITIONS HAVING ANTI-LEISHMANIAL ACTIVITY

SIGNATURE OF INVENTOR: _____
(First name) (Middle initial) (Last name)

DUTY ADDRESS: Walter Reed Army Institute of Research, Silver Spring, Maryland 20910-7500

DATE SIGNED: _____ INVENTOR'S TYPED NAME: COLLEEN KELLEY

* * * * *

STATE OF _____)
COUNTY OF _____) SS.

On the above date **COLLEEN KELLEY** known to me to be the individual described in and who executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed.

(SEAL) _____
(Signature of notary public)

My Commission expires on _____

SIGNATURE OF INVENTOR: _____
(First name) (Middle initial) (Last name)

DUTY ADDRESS: Walter Reed Army Institute of Research, Silver Spring, Maryland 20910-7500

DATE SIGNED: 14 May 02 INVENTOR'S TYPED NAME: MAX GROGL

* * * * *

STATE OF MD)
COUNTY OF MONTGOMERY) SS.

On the above date **MAX GROGL** known to me to be the individual described in and who executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed.

(SEAL) _____
(Signature of notary public)

DEANNA M. WILSON
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires December 29, 2004

My Commission expires on _____

SUPPLEMENTAL SIGNATURE SHEET

For use of this form, see AR 27-60; the proponent agency is OTJAG

Use this form with DA Forms 2873-R and 2874-R when additional signature blocks are needed.

1. ASSIGNOR(s) OR LICENSOR(s) NAME(s)
HEATHER CALLAHAN; COLLEEN KELLEY; MAX GROGL;
BRIAN G. SCHUSTER

2. APPLICATION SERIAL NUMBER
09/048,334

3. FILING DATE
March 26, 1998

4. TITLE OF INVENTION

COMPOSITIONS HAVING ANTI-LEISHMANIAL ACTIVITY

SIGNATURE OF INVENTOR: Brian G. Schuster
(First name) (Middle initial) (Last name)

DUTY ADDRESS: Walter Reed Army Institute of Research, Silver Spring, Maryland 20910-7500

DATE SIGNED: 14 MAY 2002 INVENTOR'S TYPED NAME: BRIAN G. SCHUSTER

STATE OF MARYLAND)
COUNTY OF MONTGOMERY) SS.

On the above date BRIAN G. SCHUSTER known to me to be the individual described in and who
executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own
free act and deed.

(SEAL)

(Signature of notary public)

DEANNA M. WILSON
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires December 29, 2004

SIGNATURE OF INVENTOR: _____
(First name) (Middle initial) (Last name)

DUTY ADDRESS: _____

DATE SIGNED: _____ INVENTOR'S TYPED NAME: _____

STATE OF _____)
COUNTY OF _____) SS.

On the above date known to me to be the individual described in and who
executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own
free act and deed.

(SEAL)

(Signature of notary public)

My Commission expires on _____