

FORM PTO-1619A
Expires 08/30/96
OMB 0651-0027

U.S. Department of Commerce
Patent and Trademark Office
PATENT

RECORDATION FORM COVER SHEET PATENTS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New

Resubmission (Non-Recordation)
Document ID# _____

Correction of PTO Error
Reel # _____ Frame # _____

Corrective Document
Reel # _____ Frame # _____

Conveyance Type

Assignment Security Agreement

License Change of Name

Merger Other _____

U.S. Government
(For Use ONLY by U.S. Government Agencies)

Departmental File Secret File

Conveying Party(ies)

Mark if additional names of conveying parties attached

Name (line 1) Jane S. Lebkowski Execution Date: Month 03 Day 29 Year 2002

Name (line 2) _____

Second Party Name (line 1) _____ Execution Date: Month _____ Day _____ Year _____

Name (line 2) _____

Receiving Party

Mark if additional names of receiving parties attached

Name (line 1) Aventis Pharmaceuticals Products Inc.

Name (line 2) _____

Address (line 1) Route 202-206

Address (line 2) P.O. Box 6800

Address (line 3) Bridgewater NJ 08807-0800

City 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 domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name _____

Address (line 1) _____

Address (line 2) _____

Address (line 3) _____

Address (line 4) _____

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB

Mail documents to be recorded with required cover sheet(s) information to the Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

700025260

REEL: 013453 FRAME: 0611

FORM PTO-1619B
Expires 05/30/99
OMB 0551-0027

U.S. Department of Commerce
Patent and Trademark Office
PATENT

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments. #

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 Application Number(s)

Patent Number(s)

<input type="text" value="09/000003"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was filed. Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>
PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>

Number of Properties

Enter the total number of properties involved. #

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

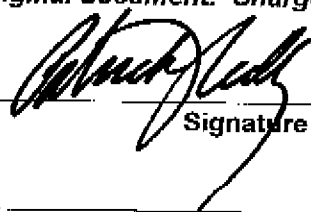
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: #

Authorization to charge additional fees: Yes No

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. Charges to deposit account are authorized, as indicated herein.

Patrick J. Kelly, Reg. No. 34,638
Name of Person Signing



Signature

February 27, 2003
Date

A S S I G N M E N T

WHEREAS WE, Ramila Philip, residing at 2565 Hollyknoll Lane, Charlottesville, Virginia 22901, United States of America, and Jane S. Lebkowski, residing at 150 Gabarda Way, Portola Valley, California 94028, United States of America, have made an invention entitled ADENO-ASSOCIATED VIRAL LIPOSOMES AND THEIR USE IN TRANSFECTING DENDRITIC CELLS TO STIMULATE SPECIFIC IMMUNITY described and claimed in U.S. Patent Application No. 09/000,003, filed June 15, 1998;

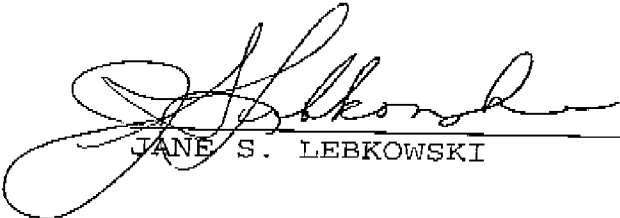
AND WHEREAS, Aventis Pharmaceuticals Products Inc., a Delaware corporation having a place of business at Route 202-206, P. O. Box 6800, Mail Code: EMC-G1, Bridgewater, New Jersey 08807-0800, United States of America, desires to acquire the entire interest in said application and any Letters Patent which may issue thereon;

NOW THEREFORE, be it known that for and in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, receipt whereof is hereby acknowledged, we do hereby sell, assign, transfer, and confirm unto Aventis Pharmaceuticals Products Inc., its successors, assigns and legal representatives all right, title and interest in and to said invention and any improvement thereon for all countries of the world, and in and to said application and any divisions, continuations, renewals and substitutes thereof, and any and all Letters Patent which may issue thereon, and any reissues of the same; and we do hereby authorize and request the Commissioner of Patents and Trademarks to issue any and all patents granted on said invention to Aventis Pharmaceuticals Products Inc., as the assignee of the patents granted on said invention to Aventis Pharmaceuticals Products Inc., as the assignee of the entire interest therein and we further agree to execute upon request of the assignee such additional documents, if any, as are necessary and proper to

secure patent protection on said invention, and to otherwise give full effect to, and perfect the rights of the assignee under this Assignment.

IN TESTIMONY THEREOF, we have hereunto signed our names at _____ this ____ day of _____, 2002 and at Menlo Park CA this 29 day of March, 2002

RAMILA PHILIP



JANE S. LEBKOWSKI

STATE OF _____)
COUNTY OF _____) SS.

BEFORE ME, the undersigned, a Notary Public for _____, on this day personally appeared Ramila Philip, known to me to be the person whose signature is subscribed to the foregoing instrument and acknowledged to me that the same was his/her act, and that he/she executed the instrument for the purposes and consideration therein expressed, and in the capacity therein given.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this _____ day of _____, 2001.

NOTARY PUBLIC
In and For:
My Commission expires:

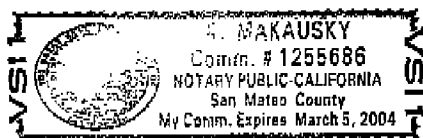
(SEAL)

STATE OF California)
COUNTY OF San Mateo) SS.

San Mateo Co. BEFORE ME, the undersigned, a Notary Public for _____, on this day personally appeared Jane S.

Lebkowski, known to me to be the person whose signature is subscribed to the foregoing instrument and acknowledged to me that the same was his/her act, and that he/she executed the instrument for the purposes and consideration therein expressed, and in the capacity therein given.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this 29th day of March, 2002



J. Makusky
NOTARY PUBLIC
In and For: San Mateo Co.
My Commission expires: March 5, 2004

(SEAL)