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Form PTO-1595

(Rev. 10/02)

U.S. DEPARTMENT OF COMMERCE  
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OMB No. 0651-0027 (exp. 6/30/2005)

Tab setting:  $\Rightarrow \Rightarrow \Rightarrow$ 

102336592

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

## 1. Name of conveying party(ies):

Thomas Tarara  
Jeffrey Weers  
Geraldine Venthoye

12-19-02

## 2. Name and address of receiving party(ies)

Name: Inhale Therapeutic Systems, Inc.

Internal Address: \_\_\_\_\_

Street Address: 150 Industrial RoadCity: San Carlos State: CA Zip: 94070Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

## 3. Nature of conveyance:

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other \_\_\_\_\_

Execution Date: December 18, 2002Additional name(s) & address(es) attached? ☐ Yes ☒ No

## 4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: 12/19/2002

A. Patent Application No.(s)

101,327,510

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

## 5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Michael J. RafaInternal Address: Inhale Therapeutic Systems, Inc.Street Address: 150 Industrial RoadCity: San Carlos State: CA Zip: 940706. Total number of applications and patents involved: 17. Total fee (37 CFR 3.41).....\$ 40.00

- ☐ Enclosed  
☒ Authorized to be charged to deposit account

## 8. Deposit account number:

500348

(Attach duplicate copy of this page if paying by deposit account)

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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.*Michael J. Rafa

Name of Person Signing

Michael J. Rafa  
Signature12/19/02  
Date

Total number of pages including cover sheet, attachments, and documents: 4

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents & Trademarks, Box Assignments  
Washington, D.C. 20231PATENT  
REEL: 013635 FRAME: 0855

For: U.S. Rights and Foreign Rights  
For: U.S. Application  
By: Inventors

**ASSIGNMENT OF INVENTION**

In consideration of the payment by ASSIGNEE to ASSIGNORS of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration,

**ASSIGNORS:**

Thomas E. Tarara  
1233 Paloma Avenue  
Burlingame, CA 94101  
U.S.A.  
Nationality: U.S.A.

Jeffry G. Weers  
432 Coronado Avenue  
Half Moon Bay, CA 94019  
U.S.A.  
Nationality: U.S.A.

Geraldine Venthoye  
340 Timberhead Lane  
Foster City, CA 94404  
U.S.A.  
Nationality: United Kingdom

hereby sell, assign and transfer to

**ASSIGNEE:**

Inhale Therapeutic Systems, Inc.  
150 Industrial Road  
San Carlos, CA 94070

and the successors, assigns and legal representatives of the ASSIGNEE the entire right, title and interest for the United States and its territorial possessions and in all foreign countries, including all rights to claim priority, in and to any and all improvements which are disclosed in the invention entitled:

**PULMONARY DELIVERY OF AMINOGLYCOSIDES**

and which is found in (37 C.F.R. section 3.21) U.S. patent application executed on even date herewith and any legal equivalent thereof in a foreign country, including the right to claim priority and, in and to,

all Letters Patent to be obtained for said invention by the above application or any continuation, division, renewal, or substitute thereof, and as to letters patent any reissue or re-examination thereof.

ASSIGNORS hereby covenant that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment.

ASSIGNORS further covenant that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNORS and will testify as to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof which may be necessary or desirable to carry out the purposes thereof.

IN WITNESS WHEREOF, We have hereunto set hand and seal this \_\_\_\_\_ day of \_\_\_\_\_.

Date: 12/18/2002

  
Signature of Thomas E. Tarara

Date: 12/18/2002

  
Signature of Jeffrey G. Weers

Date: 12/18/2002

  
Signature of Geraldine Venthoye

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

San Mateo

} ss.

On 12/18/2002, before me,

Date

Karen J. Moir

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

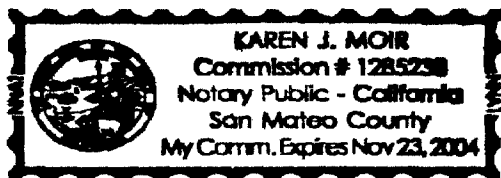
Thomas E. Tarara, Jeffry G. Weers,

Name(s) of Signer(s)

Geraldine Venthoye

☒ personally known to me

☐ proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in ~~his/her~~/their authorized capacity(ies), and that by ~~his/her~~/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Karen J. Moir

Signature of Notary Public

Place Notary Seal Above

## OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

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Title or Type of Document: \_\_\_\_\_

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### Capacity(ies) Claimed by Signer

Signer's Name: \_\_\_\_\_

☐ Individual

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER

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