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To the Honorable Commissioner for Patents: Please record the a	
<ol> <li>Name of Conveying Party(ies): INVENTORS, Thierry Verpoort and Stéphane Additional name(s) of conveying party(ies) attac</li> </ol>	Chollet
Name and Address of Party(ies) receiving an interest (assignee(s)         Name:       MacoPharma         Address:       Rue Lorthiois         59420 Mouvaux       Country:         FRANCE	)):
Additional name(s) and address(es) attached?	Ycs X No
<ul> <li>Application number(s) or patent number(s): If this document is being filed together with a new application         A. <u>Patent Application No(s).:</u> 10/616,368 Filed July 9, 2003 Others on additional sheet(s) attached?     </li> </ul>	on, the execution date(s) of the new application is: B. <u>Patent No(s).:</u> <u>Yes X No</u>
3. Nature of Conveyance:       Assignment       Merger         Verified Translation       Security Agrees         Execution Date: June 16, 2003	ment The Change of Name Change of Name The Correcting spelling of conveying party's First name recorded on Reel (14292) Frame 0177.
<ul> <li>4. Name and address of party to whom correspondence concerning document should be mailed: Michelle M. LeCointe BAKER BOTTS L.L.P. ONE SHELL PLAZA 910 LOUISIANA STREET HOUSTON, TEXAS 77002-4995 512.322.2580 512.322.8380 (FAX)</li> </ul>	<ul> <li>5. Total number of applications and patents involved: Application(s):1</li></ul>
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the original document. <u>Michelle M. LeCointe, Reg. No. 46.861</u> Name of Person Signing Total number of pages including cover sh Mail Stop Assig	mation is true and correct and any attached copy is a true copy of <u>MMM</u> <u>S/10/104</u> ignature Date meet, attachments, and document: 6 Pages mment Recordation Services S. Patent and Trademark Office
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## ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I/we, the below signed inventor(s) of record, hereby assigns to:

## MACOPHARMA RUE LORTHIOIS 59420 MOUVAUX FRANCE

and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are the subject of an application for United States Patent signed by me this day, entitled:

## "A SELECTIVE DELEUKOCYTATION UNIT FOR A PLATELET PRODUCT"

this assignment including said application, any and all United States and foreign patents, utility models, design registrations, inventor's certificates and other similar rights granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name, or in its own name, for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and I agree for myself and my heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

IN WITNESS THEREOF, I hereby set my hand, date of signature and place of signature as indicated below,

Full Name of First Inventor:

Residence:

Citizenship:

Post Office Address;

Signature of First Inventor

In the City of <u>Torus wing</u> § In the Country of <u>France</u> §

Before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.

Notary or Consular Officer

THIERRY VERPOORT

19 RUE DE BAISIEUX 59420 MOUVAUX, FRANCE

FRENCH

19 RUE DE BAISIEUX 59420 MOUVAUX, FRANCE

<u>16 106 10</u> 3 Date of Signature

Date of Bighatin

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Full Name of Second Inventor:

Residence:

Citizenship:

Post Office Address:

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Signature of Second Inventor

In the City of M Vana Ş ŝ In the Country of France §

STÉPHANE CHOLLET

99 RUE HENRI TERRYN 59420 MOUVAUX, FRANCE

FRENCH

99 RUE HENRI TERRYN 59420 MOUVAUX, FRANCE

610610 Date of Signature

Before me, the undersigned authority, on this \_ day of , personally appeared .

, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.

Notary or Consular Officer

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**RECORDED: 05/10/2004** 

PATENT REEL: 014613 FRAME: 0270