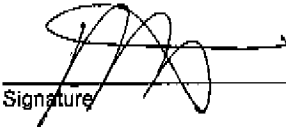


Substitute Form PTO-1595
Attorney Docket No.: 07917-157US1
Client's Ref. No.: UMMC 02-13

RECORDATION FORM COVER SHEET PATENTS ONLY

Commissioner for Patents: Please record the attached original document(s) or copy(ies).

1. Name of conveying party(ies): Scot Andrew Wolfe Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): University of Massachusetts One Beacon Street, 26th Floor Boston, Massachusetts 02108 United States of America Additional names/addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: 11/2/04	
4. Application number(s) or patent number(s): If this document is being filed with a new application, the execution date of the application is: A. Patent Application No(s): 10/497,901 B. Patent No(s): Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name/address of party to whom correspondence concerning document should be mailed: Fish & Richardson P.C. 225 Franklin Street Boston, MA 02110-2804	6. Total number of applications/patents involved: 1 7. Total fee (37 CFR §3.41): \$40 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to charge Deposit Account. 8. Deposit Account No.: 06-1050 Please apply any additional charges, or any credits, to our Deposit Account No. 06-1050, referencing Attorney Docket No. 0788-129P01.
DO NOT USE THIS SPACE	
9. Statement and Signature: <i>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.</i> Janice L. Kugler Reg. No. 50,429 Name of Person Signing  Signature 11-19-2004 Date Total number of pages including coversheet, attachments and document: 3	

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CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to the Patent and Trademark Office on the date indicated below.

11/19/04
Date of Transmission


Signature

Scott Barrett
Typed Name of Person Signing Certificate

Attorney Docket No: 07917-157US1 UMMC 02-13

ASSIGNMENT

For valuable consideration, I, SCOT ANDREW WOLFE of Winchester, MA, hereby assign to the UNIVERSITY OF MASSACHUSETTS, a corporation of Massachusetts having a place of business at One Beacon Street, 26th Floor, Boston, Massachusetts 02108, United States of America; 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 subject of an application for United States Patent signed by me, entitled ZINC FINGER-BASED DRUG-DEPENDENT GENE REGULATION SYSTEM, filed June 3, 2004, and assigned U.S. Serial Number 10/497,901; this assignment including said application, any and all United States and foreign patents, utility models, and design registrations 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 me and my respective 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.

Attorney Docket No: 07917-157US1 UMMC 02-13

IN WITNESS WHEREOF, I hereto set my hand and seal at Worcester, Massachusetts,

[County, State]

this 2nd day of November, 2004

[Day]

[Month]

Scot Andrew Wolfe L.S.
SCOT ANDREW WOLFE

State of Massachusetts :

: ss.

County of Worcester :

Before me this 2nd day of November, 2004, personally appeared SCOT ANDREW WOLFE known to me to be the person whose name is subscribed to the foregoing Assignment and acknowledged that he executed the same as his free act and deed for the purposes therein contained.

Judith A Mondor

Notary Public

My Commission Expires: January 20, 2006

