


Substitute Form PTO-1595
Attorney Docket No.: 00786-816001
Client's Ref. No.: MGH2252

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): Edward T. Ryan Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies): The General Hospital Corporation 55 Fruit Street Boston, Massachusetts 02114 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: March 11, 2005			
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): 11/018,169 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: ROLANDO MEDINA, PH.D., J.D. 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.	
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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>			
Rolando Medina, Ph.D., J.D. <u>Reg. No. 54,756</u> Name of Person Signing		 Signature	<u>21 April 2005</u> 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.

April 21, 2005
Date of Transmission

Carmel A. Amonte
Signature

Carmel A. Amonte
Typed Name of Person Signing Certificate

PATENT

ASSIGNMENT

For valuable consideration, I, Edward T. Ryan, of 15 Garrison Road, Wellesley, MA 02482, hereby assign to

THE GENERAL HOSPITAL CORPORATION

a corporation of Massachusetts, having a place of business at
55 Fruit Street
Boston, MA 02114

and its successors and assigns (collectively hereinafter called "the Assignee") the entire right, title and interest throughout the world in the inventions and improvements that are subject of an application for United States Patent signed by me, entitled USE OF THE RTX SECRETION SYSTEM TO ACHIEVE HETEROLOGOUS POLYPEPTIDE SECRETION BY VIBRIO CHOLERAE, filed December 20, 2004, and assigned U.S. Serial Number 11/018,169, 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,

Attorney Docket No: 00786-816001

assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

DATE: 3/11/05

Edward T. Ryan
EDWARD T. RYAN


STATE OF MA)
COUNTY OF Suffolk) SS.

On March 11th 2005, before me, the undersigned, a notary public for the State of Massachusetts, there personally appeared EDWARD T. RYAN, known to me to be the person whose name is subscribed to the foregoing Assignment, proved to me through satisfactory evidence of identification in the form of Mass Drivers Lic, and acknowledged that he executed the same as his free act and deed for purposes therein contained.

WITNESS my hand and official seal.

Kendall P. Watts
Notary Public

My Commission Expires: Jan 13, 2006

 KENDALL P WATTS
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 13, 2006

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