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FORM PTO-1595 U.S.
(Rev. 6-93)
OMB No. 0651-0011 (exp. 4/94)

DEPARTMENT OF COMMERCE
Patent and Trademark Office

To the Commissioner for Patents : Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): Lisa Cavacini Marshall Posner</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p> <p>Execution Date: June 27, 2002</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: Beth Israel Deaconess Medical Center, Inc.</p> <p>Internal Address:</p> <p>Street Address: 330 Brookline Avenue Boston, MA 02215</p> <p>Additional name(s) & addresses(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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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 June 29, 2005

A. Patent Application No.(s) B. Patent No.(s)

11/171,085

Additional numbers attached? ☐ Yes ☒ No

<p>5. Name and address of party to whom correspondence Concerning document should be mailed:</p> <p>Name: Maria A. Trevisan Address: Wolf, Greenfield & Sacks, P.C. 600 Atlantic Avenue Boston, MA 02210-2206</p>	<p>6. Total number of applications and patents involved: [1]</p> <p>7. Total fee (37 CFR 3.41) \$ 40.00</p> <p><input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>The Commissioner is authorized to charge any deficiencies in the enclosed payment to:</p> <p>8. Deposit Account No: 23/2625</p>
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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.

Maria A. Trevisan		July 21, 2005
Name of Person Signing	Signature	Date

Total number of pages including cover sheet, attachments, and document: **[3]**

Mail documents to be recorded with required cover sheet information to (modify as appropriate):
**Mail Stop Assignment Recordation Services
Director - U.S. Patent and Trademark Office
PO Box 1450, Alexandria, VA 22313-1450**

B0801/7250

ASSIGNMENT

In consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, we, the undersigned Lisa Cavacini, 5 Perry Road, Natick, MA 01760 and Marshall Posner, 6 Birch Road, Medfield, MA 02052 hereby

Sell, assign and transfer to Beth Israel Deaconess Medical Center, Inc., a Massachusetts corporation, having a place of business at 330 Brookline Avenue, Boston, MA 02115 its successors, assigns and legal representatives, all hereinafter referred to as the Assignee, the entire right, title and interest for the United States and all foreign countries, in and to any and all inventions which are disclosed in the patent application filed in the United States Patent and Trademark Office on May 21, 2002, Serial No. 10/153,437 and entitled *P. AERUGINOSA* MUCOID EXOPOLYSACCHARIDE SPECIFIC BINDING PEPTIDES, and in and to said application and all divisional, continuing, substitute, renewal, reissue and all other applications for Letters Patent which have been or shall be filed in the United States and all foreign countries on any of said inventions; and in and to all original and reissued patents which have been or shall be issued in the United States and all foreign countries on said inventions including the right to apply for patent rights in each foreign country and all rights to priority;

Agree that said Assignee may apply for and receive Letters Patent for said inventions in its own name; and when requested, without charge to but at the expense of said Assignee, agree to carry out in good faith the intent and purpose of this assignment, by executing all divisional, continuing, substitute, renewal, reissue, and all other patent applications on any and all said inventions, by executing all rightful oaths, assignments, powers of attorney and other papers, by communicating to said Assignee all facts known to us relating to said inventions and the history thereof, and generally by doing everything possible which said Assignee shall consider desirable for aiding in securing and maintaining proper patent protection for said inventions and for vesting title to said inventions and all applications for patents and all patents on said inventions, in said Assignee;

Hereby request the Honorable Commissioner of Patents and Trademarks to issue said Letters Patent to said Assignee;

Covenant with said Assignee that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been made to others by us and that full right to convey the same as herein expressed is possessed by us.

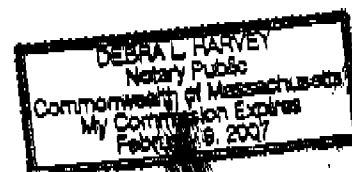
6-27-02
Date

Lisa Cavacini
Lisa Cavacini

STATE OF MASSACHUSETTS
COUNTY OF SUFFOLK

Subscribed and sworn to before me this 27th day of JUNE, 2002.

SEAL Debra L. Harvey
Notary Public
My Commission Expires _____



06/27/02

Date


Marshall PosnerSTATE OF MASSACHUSETTS :
COUNTY OF SUFFOLK :Subscribed and sworn to before me this 27th day of JUNE, 2002.

SEAL


Notary Public

My Commission Expires _____

