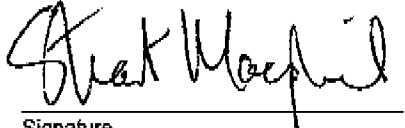


Substitute Form PTO-1595
 Attorney Docket No.: 07039-407US1
 Client's Ref. No.: MMV-02-017

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): Esteban Celis Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Mayo Foundation for Medical Education and Research 200 First Street S.W. Rochester, MN 55905 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: February 2, 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).: 10/517,800 filed December 13, 2004 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: STUART MACPHAIL, PH.D., J.D. Fish & Richardson P.C. Citigroup Center 52nd Floor 153 East 53rd Street New York, New York 10022-4611	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>		
<u>Stuart Macphail, Ph.D., J.D.</u> <u>Reg. No. 44.217</u> Name of Person Signing	<div style="text-align: center;">  Signature </div>	<div style="text-align: center;"> <u>8/10/05</u> Date </div>
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.

August 10, 2005
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PATENT
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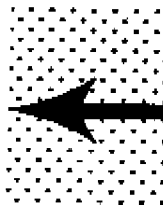
CH \$40.00 061050 10517800

ASSIGNMENT

For valuable consideration, I, Esteban Celis, of 3683 Wright Road S.W., Rochester, Minnesota 55902, hereby assign to MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, a corporation of Minnesota, having a place of business at 200 First Street S.W., Rochester, MN 55905, 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 EPSTEIN-BARR VIRUS-SPECIFIC IMMUNIZATION, filed December 13, 2004, and assigned U.S. Serial Number 10/517,800, 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.

DATE: 2/2/2005

Esteban Celis
ESTEBAN CELIS

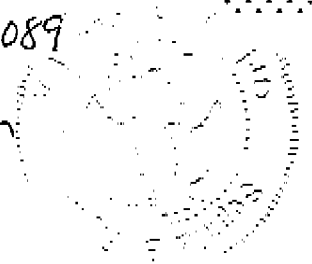
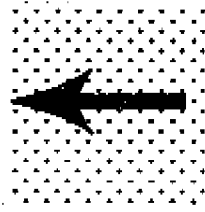


STATE OF Louisiana)
COUNTY OF Orleans) SS.

On February 2, 2005, before me, the undersigned, a notary public for the State of Minnesota, there personally appeared ESTEBAN CELIS personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in he authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Suzanne
Notary Public
SOPHIA RYAN #478089
NOTARY PUBLIC
my commission
is for life



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