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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 Parents : Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): Barbara Wallner</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>2. Name and address of receiving party(ies)</p> <p>Name: Point Therapeutics, Inc.</p> <p>Internal Address:</p> <p>Street Address: 155 Federal Street 4th Floor Boston, MA 02110-1727</p> <p>Additional name(s) & addresses(es) 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: 05/24/01</p>			
<p>4. Application number(s) or patent number(s):</p> <p>If this document is being filed together with a new application, the execution date of the application is</p> <p>A. Patent Application No.(s) 11/190,487 B. Patent No.(s)</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<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</p> <p><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: 23/2825</p>	
<p style="text-align: center;">DO NOT USE THIS SPACE</p>			
<p>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></p>			
<p>Maria A. Trevisan</p>		<p>August 15, 2005</p>	
<p>Name of Person Signing</p>		<p>Signature</p>	
		<p>Date</p>	
<p>Total number of pages including cover sheet, attachments, and document: [2]</p>			

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**

PATENT
REEL: 016638 FRAME: 0195

ASSIGNMENT

In consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, I the undersigned Barbara Wallner, 40B Nichols Road, Cohasset, MA, 02025, hereby

Sell, assign and transfer to Point Therapeutics, Inc., a Massachusetts corporation having a place of business at 75 Kneeland Street, Boston, MA 02111, 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 application for United States Letters Patent filed in the United States Patent and Trademark Office on January 26, 2001, under Serial No. 09/744,658 and entitled REGULATION OF SUBSTRATE ACTIVITY, 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.

I 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, I 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 me 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.

I hereby request the Honorable Commissioner of Patents and Trademarks to issue said Letters Patent to said Assignee.

I 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 me and that full right to convey the same as herein expressed is possessed by me.

5-24-01
Date

Barbara Wallner
Barbara Wallner

STATE OF Massachusetts:

COUNTY OF Suffolk:

Subscribed and sworn to before me this 24 day of May 2001

SEAL

Judith M. Rondeau
Notary Public

My Commission Expires _____
JUDITH M. RONDEAU, NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 18, 2006

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