

PATENT ASSIGNMENT

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SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Molly D. Smithgall	09/02/2002
Darrick Carter	08/22/2002
Martin A. Cheever	02/28/2003
Patricia D. McNeill	08/22/2002
R. Alec Sutherland	08/27/2002
Sally P. Mossman	08/29/2002
Lawrence S. Evans	08/30/2002
Ryan M. Swanson	01/31/2006

RECEIVING PARTY DATA

Name:	Corixa Corporation
Street Address:	1900 9th Avenue
Internal Address:	Suite 1100
City:	Seattle
State/Country:	WASHINGTON
Postal Code:	98101

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	10195835

CORRESPONDENCE DATA

Fax Number: (206)682-6031
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 206-622-4900
Email: monicasa@SeedIP.com
Correspondent Name: Julie A. Urvater, Ph.D., Patent Agent
Address Line 1: 701 Fifth Avenue
Address Line 2: Suite 6300

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PATENT
REEL: 017171 FRAME: 0202

Address Line 4: Seattle, WASHINGTON 98104-7092

ATTORNEY DOCKET NUMBER:

210121.610C1

NAME OF SUBMITTER:

Julie A. Urvater, Ph.D., Patent Agent

Total Attachments: 8

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ASSIGNMENT OF UTILITY PATENT APPLICATION

WHEREAS, we,

Name	Post Office Address	
Alexander Gaiger	1421 42 nd Avenue East, Seattle, Washington 98112	;
Molly D. Smithgall	7217 28 th Avenue Northeast, Seattle, Washington 98115	;
Darrick Carter	321 Summit Avenue East, Seattle, Washington 98102	;
Martin A. Cheever	6210 Southeast 22 nd Avenue, Mercer Island, Washington 98040	
Patricia D. McNeill	1333 South 290 th Place, Federal Way, Washington 98003	;
R. Alec Sutherland	10515 Northeast 189 th Street, Bothell, Washington 98011	;
Sally P. Mossman	2815 Northwest 58 th Street, Seattle, Washington 98107	;
Lawrence S. Evans	6521 36 th Avenue Southwest, Seattle, Washington 98126	; and
Ryan M. Swanson	11310 17 th Avenue Northeast, Seattle, Washington 98125	,

(hereinafter referred to as ASSIGNORS), having post office addresses as listed above next to our names, are the joint inventors of an invention entitled:

COMPOSITIONS AND METHODS FOR WT1 SPECIFIC IMMUNOTHERAPY

which is described and claimed in the specification and claims of continuation-in-part (C-I-P) Patent Application No. 10/195,835 as filed in the United States Patent and Trademark Office on July 12, 2002 ("this application") for which a patent is sought. This application derives benefit from the following application(s):

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number	Attorney Docket Number
10/125,635	04/16/02		210121.465C7
10/002,603	10/30/01		210121.465C6
09/938,864	08/24/01		210121.465C5
09/785,019	02/15/01		210121.465C4

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number	Attorney Docket Number
09/685,830	10/09/00		210121.465C3
09/684,361	10/06/00		210121.465C2
09/276,484	03/25/99		210121.465C1
09/164,223	09/30/98		210121.465

WHEREAS, Corixa Corporation (hereinafter referred to as ASSIGNEE), a corporation of the State of Delaware having a place of business at 1124 Columbia Street, Suite 200, Seattle, Washington 98104, is desirous of acquiring the entire right, title and interest in and to said invention, this application, and in and to any Letters Patent that may be granted therefor in the United States and in any and all foreign countries;

NOW, THEREFORE, in exchange for good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNORS hereby sell, assign and transfer unto said ASSIGNEE, the entire right, title and interest in and to said invention, this application and any and all Letters Patent which may be granted therefor in the United States of America and its territorial possessions and in any and all foreign countries, and in any and all divisions, reissues and continuations thereof, including the right to file foreign applications directly in the name of ASSIGNEE and to claim priority rights deriving from this application and said parent application(s) to which said foreign applications are entitled by virtue of international convention, treaty or otherwise; said invention, this application and all Letters Patent on said invention to be held and enjoyed by ASSIGNEE and its successors and assigns for their use and benefit and of their successors and assigns as fully and entirely as the same would have been held and enjoyed by ASSIGNORS had this assignment, transfer and sale not been made.

ASSIGNORS hereby authorize and request the Director of the Patent and Trademark Office to issue said United States Patent to ASSIGNEE, of the entire right, title and interest in and to the same, for its sole use and benefit, and for the use and behalf of its legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by us had this assignment and sale not been made.

ASSIGNORS agree to execute all instruments and documents required for the making and prosecution of applications for United States and foreign Patent on said invention, for litigation regarding said Patent, or for the purpose of protecting title to said invention or Patent therefor.

Date Alexander Gaiger
State of WASHINGTON)
County of KING) ss.

I certify that I know or have satisfactory evidence that Alexander Gaiger is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of
Notary Public _____
Printed Name _____
My appointment expires _____

9.202
Date _____
Molly D. Smithgall
Molly D. Smithgall

State of WASHINGTON)
County of KING) ss.

I certify that I know or have satisfactory evidence that Molly D. Smithgall is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of _____
Notary Public _____
Printed Name _____
My appointment expires _____

9/22/02
Date _____
Darrick Carter
Darrick Carter

State of WASHINGTON)
County of KING) ss.

I certify that I know or have satisfactory evidence that Darrick Carter is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of _____
Notary Public _____
Printed Name _____
My appointment expires _____

2/28/03
Date _____
Martin A. Cheever
Martin A. Cheever

State of WASHINGTON)
County of KING) ss.

I certify that I know or have satisfactory evidence that Martin A. Cheever is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of _____
Notary Public _____
Printed Name _____
My appointment expires _____

8-22-02
Date _____
Patricia D. McNeill
Patricia D. McNeill

State of WASHINGTON)
County of KING) ss.

I certify that I know or have satisfactory evidence that Patricia D. McNeill is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of _____
Notary Public _____
Printed Name _____
My appointment expires _____

8.21.02 RA Sutherland
Date R. Alec Sutherland

State of WASHINGTON)
County of KING) ss.

I certify that I know or have satisfactory evidence that R. Alec Sutherland is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of _____
Notary Public _____
Printed Name _____
My appointment expires _____

8/29/02 S. Mossman
Date Sally P. Mossman
State of WASHINGTON)
County of KING) ss.

I certify that I know or have satisfactory evidence that Sally P. Mossman is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of _____
Notary Public _____
Printed Name _____
My appointment expires _____

8.30.02
Date _____
State of WASHINGTON)
County of KING) ss.
Lawrence S. Evans

I certify that I know or have satisfactory evidence that Lawrence S. Evans is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of
Notary Public _____
Printed Name _____
My appointment expires _____

Date _____
State of WASHINGTON)
County of KING) ss.
Ryan M. Swanson

I certify that I know or have satisfactory evidence that Ryan M. Swanson is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of
Notary Public _____
Printed Name _____
My appointment expires _____

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Date 8-30-02 Lawrence S. Evans
Lawrence S. Evans

State of WASHINGTON)
County of KING) ss.

I certify that I know or have satisfactory evidence that Lawrence S. Evans is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____

Signature of
Notary Public _____

Printed Name _____

My appointment expires _____

1/31/06
Date Ryan M. Swanson
Ryan M. Swanson

State of WASHINGTON)
County of KING) ss.

I certify that I know or have satisfactory evidence that Ryan M. Swanson is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____

Signature of
Notary Public _____

Printed Name _____

My appointment expires _____

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