

RECORDATION

09-25-2006

PATENT



Our Ref.: 659-70

103311388

To the Director of the U.S. Patent and Trademark Office: Please rec

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|---|--|---|--|
| <b>1. Name of conveying party(ies):</b><br><br>Peptide Technology Limited<br>Women's and Childrens Hospital Adelaide<br><br>Additional name/s of conveying party/ies attached? <input type="checkbox"/><br><br><b>3. Nature of conveyance:</b><br><input type="checkbox"/> Assignment <input type="checkbox"/> Merger<br><input type="checkbox"/> Security Assignment <input type="checkbox"/> Change of Name<br><input checked="" type="checkbox"/> Other Corrective Assignment to add the 2 <sup>nd</sup><br>Assignee. Previously recorded on Reel<br>016283, Frame 0185<br><br>Execution Date: February 26, 2004 |  | <b>2. Name and address of receiving party(ies):</b><br><br>(1) Name: Peptide Technology Limited<br>Street Address: Dee Why<br>City: North Adelaide<br>State/Country: Australia Zip:<br><br>(2) Name: Children, Youth and Women's Health Service<br>Incorporated<br>Street Address:<br>City: North Adelaide<br>State/Country: Australia Zip:<br><br>Additional name/s & address/es attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>4. Application number(s) or patent number(s):</b> <input type="checkbox"/> This assignment is being filed together with a new application.<br>A. Patent Application No(s).<br>(1) 08/647,988<br>(2)<br>(3)<br>Additional numbers attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>B. Patent No(s).<br>(1) 5,767,156<br>(2)<br>(3)   |  | <b>6. Total number of applications &amp; patents involved:</b> <u>1</u>   |  |
| <b>5. Name and address of party to whom correspondence concerning document should be mailed:</b><br><br>Name: Leonard C. Mitchard<br><br>Internal Address:<br><br>Street Address: Nixon & Vanderhye P.C.<br>901 North Glebe Road<br>11th Floor<br>City: Arlington State: VA Zip: 22203  |  | <b>7. Total fee (37 CFR 3.41)</b> \$ 40.00<br><input checked="" type="checkbox"/> Enclosed<br><input type="checkbox"/> Authorized to be charged to deposit account #14-1140<br><br><b>8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.</b>            |  |
| <b>DO NOT USE THIS SPACE</b>  |  |   |  |
| <b>9. Statements and signature.</b><br>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.<br><br>Leonard C. Mitchard<br>Name of Person Signing<br>Reg. No. 29,009<br><br>September 20, 2006<br>Date<br><br>Total number of pages including original cover sheet, attachments, and document: [3]   |  |   |  |

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Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

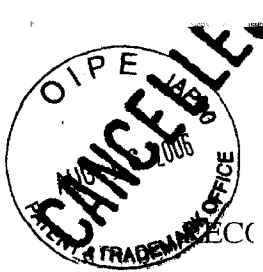
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**PATENT**  
**REEL: 018313 FRAME: 0957**



08-21-2006



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Our Ref.: 659-70

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| To the Director of the U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.  |  |
| <p>1. Name of conveying party(ies):<br/>Women's and Children's Hospital Adelaide<br/>Peptide Technology Limited</p> <p>Additional name/s of conveying party/ies attached? <input type="checkbox"/></p> <p>3. Nature of conveyance:<br/><input type="checkbox"/> Assignment <input type="checkbox"/> Merger<br/><input type="checkbox"/> Security Assignment <input type="checkbox"/> Change of Name<br/><input checked="" type="checkbox"/> Other Corrective Assignment to add the 2<sup>nd</sup><br/>Assignee previously recorded on Reel<br/>016283, Frame 0185</p> <p>Execution Date: February 26, 2004</p> | <p>2. Name and address of receiving party(ies):</p> <p>(1) Name: Children, Youth and Women's Health Service<br/>Incorporated<br/>Street Address:<br/>City: North Adelaide<br/>State/Country: Australia Zip:</p> <p>(2) Name: Peptide Technology Limited<br/>Street Address: Dee Why<br/>City: North Adelaide<br/>State/Country: Australia Zip:</p> <p>Additional name/s &amp; address/es attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                       |
| <p>4. Application number(s) or patent number(s): <input type="checkbox"/> This assignment is being filed together with a new application.</p> <p>A. Patent Application No(s).<br/>(1) 08/647,988<br/>(2)<br/>(3)</p> <p>B. Patent No(s).<br/>(1) 5,767,156<br/>(2)<br/>(3)</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: Leonard C. Mitchard</p> <p>Internal Address:</p> <p>Street Address: Nixon &amp; Vanderhye P.C.<br/>901 North Glebe Road<br/>11th Floor</p> <p>City: Arlington State: VA Zip: 22203</p>   | <p>6. Total number of applications &amp; patents involved: 1</p> <p>7. Total fee (37 CFR 3.41) \$ 40.00<br/><input checked="" type="checkbox"/> Enclosed<br/><input type="checkbox"/> Authorized to be charged to deposit account #14-1140</p> <p>8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.</p> |
| DO NOT USE THIS SPACE  |  |
| <p>9. Statements and signature.<br/>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.</p> <p>Leonard C. Mitchard<br/>Name of Person Signing<br/>Reg. No. 29,009</p> <p><br/>Signature</p> <p>June 2, 2006<br/>Date</p> <p>Total number of pages including original cover sheet, attachments, and document: [3]</p>  |  |

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Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

South Australia

## **South Australian Health Commission (Incorporation of Children, Youth and Women's Health Service Incorporated) Proclamation 2004**

under section 27 of the *South Australian Health Commission Act 1976*

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### **Preamble**

- 1 The following bodies are incorporated under the *South Australian Health Commission Act 1976*:
    - (a) Women's and Children's Hospital (see Gazette 19 January 1989 p 119);
    - (b) Child and Youth Health (see Gazette 13 July 1995 pp 54 and 55).
  - 2 It is now intended to establish an incorporated hospital under the *South Australian Health Commission Act 1976* to take over the functions of providing health services provided by the bodies referred to in clause 1.
  - 3 The governing bodies of the bodies referred to in clause 1 have consented to the establishment of the incorporated hospital and have agreed on the terms of the constitution under which the incorporated hospital is to operate.
  - 4 The dissolution of the bodies referred to in clause 1 is to have effect on 1 July 2004 in order to assist in providing a smooth transition to the new corporate structure.
  - 5 On the dissolution of the bodies referred to in clause 1, all the real and personal property and rights and liabilities of those bodies will, by force of section 27 of the Act, be transferred to and vested in the incorporated hospital established by this proclamation.
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### **1—Short title**

This proclamation may be cited as the *South Australian Health Commission (Incorporation of Children, Youth and Women's Health Service Incorporated) Proclamation 2004*.

### **2—Commencement**

This proclamation comes into operation as follows:

- (a) clause 3 will come into operation on the day on which this proclamation is made;
- (b) clause 4 will come into operation on 1 July 2004.

### **3—Establishment of incorporated hospital**

- (1) An incorporated hospital is established to take over the functions of providing health services provided by the bodies referred to in clause 1 of the preamble and to provide health services in accordance with the constitution referred to in clause 3 of the preamble from 1 July 2004.
- (2) The incorporated hospital is assigned the name *Children, Youth and Women's Health Service Incorporated*.

**4—Dissolution of existing bodies**

- (1) The bodies referred to in clause 1 of the preamble are dissolved (with effect on the date referred to in clause 2(b)).
- (2) It is declared that the transfer and vesting of any rights or liabilities of a body dissolved by this proclamation that relate to the employment of any person will take effect with continuity of employment and without termination of any employee's service.

**Made by the Governor**

with the advice and consent of the Executive Council

on 26 February 2004.

DHS04/04CS

PATENT ONLY

Our Ref.: 659-70

**Mail Stop Assignment Recordation Services**

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Women's and Children's  
Hospital Adelaide  
Peptide Technology Limited

Additional name/s of conveying party/ies attached? ☐

3. Nature of conveyance:

- ☐ Assignment ☐ Merger  
☐ Security Assignment ☒ Change of Name  
☐ Other

Execution Date: February 26, 2004

2. Name and address of receiving party(ies):

Name: Children, Youth and Women's Health Service  
Incorporated

Internal Address:

Street Address:

City: North Adelaide

State/Country: Australia

Zip:

Additional name/s & address/es attached? ☐ Yes ☒ No

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:

A. Patent Application No(s).

- (1)  
(2)  
(3)

B. Patent No(s).

- (1) 5,767,156  
(2)  
(3)

Additional numbers attached ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Leonard C. Mitchard

Internal Address:

Street Address: Nixon & Vanderhye P.C.

1100 North Glebe Road

8<sup>th</sup> Floor

City: Arlington State: VA Zip: 22201

6. Total number of applications & patents involved: 1

7. Total fee (37 CFR 3.41) (8021) \$ 40.00

☒ Enclosed

☐ Authorized to be charged to deposit account #14-1140

8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.

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9. Statements 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.

Leonard C. Mitchard

Name of Person Signing

Reg. No. 29,009

Signature

February 10, 2005

Date

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

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