

C:\N:\Portbl\manage\K\NORRIS\726269_1.DOC

RECORDATION FORM COVER SHEET PATENTS ONLY

Docket No.: 3265.1009-003

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

<p>1. Name of conveying party(ies)/Execution Date(s): EXPRESSIVE CONSTRUCTS, INC. / (D/B/A ECI BIOTECH, INC.) 7/13/04 / / /</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) Name: ETHICON, INC. Internal Address: _____ _____ _____ Street Address: ROUTE 22 WEST</p>
--	---

<p>3. Nature of conveyance.</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input checked="" type="checkbox"/> Other CORRECTIVE RECORDATION COVER SHEET TO CORRECT ASSIGNOR AS EXPRESSIVE CONSTRUCTS, INC. (D/B/A ECI BIOTECH, INC.) REEL/FRAE 017820/0112</p>	<p>City: SOMERVILLE State: NEW JERSEY Country: US Zip: 08876</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	--

<p>4. Application number(s) or patent number(s). A. Patent Application No (s) 10/543,523</p>	<p><input type="checkbox"/> This document is being filed together with a new application. 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: DOREEN M. HOGLE, ESQ. Internal Address: _____ HAMILTON, BROOK, SMITH & REYNOLDS, P.C. Street Address: 530 VIRGINIA ROAD, P.O. BOX 9133 City: CONCORD State: MA ZIP: 01742-9133 Phone No: 978-341-0036 Fax No: 978-341-0136 Email Address: DOREEN.HOGLE@HBSR.COM</p>	<p>6. Total number of applications and patents involved: 1</p> <p>7. Total Fee (37 CFR 1.21(h) & 3.41) \$40</p> <p><input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorization to charge deposit account number 08-0380 <input type="checkbox"/> Previously submitted - Doc. ID No. [] <input checked="" type="checkbox"/> Authorized to charge any deficiencies or credit any overpayment to deposit account number 08-0380</p> <p>Do not attach a copy of this page if paying by deposit account and filing via facsimile. Attach a copy of this page if paying by deposit account and filing via mail</p>
--	---

<p>8. <u>Doreen M. Hogle</u> Name of Person Signing</p>	<p><u><i>Doreen M. Hogle</i></u> Signature</p>	<p><u>May 17, 2007</u> Date</p>
--	---	--

Total number of pages including cover sheet, attachments, and documents [4]

CH \$40.00 080380 10543523

RECORDATION FORM COVER SHEET PATENTS ONLY

Docket No.: 3265.1009-003

To the Director of the U.S. Patent and Trademark Office Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):
MITCHELL C. SANDERS /07/13/2004
 /
 /
 /
 /

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
 Name: ETHICON, INC.
 Internal Address: _____

 Street Address: ROUTE 22

 City: WEST SOMERVILLE
 State: NEW JERSEY
 Country: _____ Zip: 08876
 Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance
 Assignment Merger
 Security Agreement Change of Name
 Other _____

4. Application number(s) or parent number(s)
 A. Patent Application No.(s)
10/543,523
 (Patent Application No. 10/543,523 claims priority to Provisional Application No. 60/444,521)

Additional numbers attached? Yes No

This document is being filed together with a new application.
 B. Patent No.(s)

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: DOREEN M. HOGLE, ESQ.
 Internal Address: _____
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
 Street Address: 530 VIRGINIA ROAD, P.O. BOX 9133
 City: CONCORD State: MA ZIP: 01742-9133
 Phone No 978-341-0036 Fax No 978-341-0136
 Email Address DOREEN.HOGLE@HBSR.COM

6. Total number of applications and patents involved: [1]

7. Total Fee (37 CFR 1.21(h) & 3.41) \$ 40.00
 Enclosed
 Authorization to charge deposit account number 08-0380
 Previously submitted - Doc. ID No. []
 Authorized to charge any deficiencies or credit any overpayment to deposit account number 08-0380

Do not attach a copy of this page if paying by deposit account and filing via facsimile.
 Attach a copy of this page if paying by deposit account and filing via mail.

8. KAMILAH ALEXANDER *Kamilah Alexander* 6/20/06
 Name of Person Signing Signature Date

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

Docker No. 3265.1009-000

ASSIGNMENT

WHEREAS, by virtue of an Assignment recorded in the United States Patent and Trademark Office on September 2, 2003, Expressive Constructs, Inc. (D/B/A ECI Biotech, Inc.) (hereinafter "ASSIGNOR"), of 6 Park Avenue, Worcester, MA 01605, is the owner of United States Provisional Application Serial No. 60/444,521, CATIONIC ANTI-MICROBIAL PEPTIDES AND METHODS OF USE THEREOF, filed January 31, 2003, and an applicant for Patent Cooperation Treaty Application No. PCT/US2004/002636, claiming the benefit of this application, filed January 30, 2004;

WHEREAS, Ethicon, Inc. (hereinafter "ASSIGNEE"), with an office located at Route 22 West, Somerville, New Jersey 08876, desires to acquire from ASSIGNOR an interest in the aforesaid applications and the invention therein described and claimed, in accordance with the agreement between ASSIGNOR and ASSIGNEE which became effective on August 1, 2002 (hereinafter "AGREEMENT");

WHEREAS, ASSIGNEE has granted ASSIGNOR, a worldwide, paid-up, royalty-free, non-exclusive license and the right to grant sublicenses to make, have made, use or sell any product or produce any method solely outside the License Field of the AGREEMENT, meaning the field of professional wound care excluding applications on or within sutures, drains, cannulae and catheters and also excluding applications for use in Over-the-Counter wound care indications where demand is not generated either directly or indirectly by health care professionals, where "Over-the-Counter" means wound care products which are sold or distributed in a manner which does not require a prescription or are not dispensed by a medical professional in a doctor's office, hospital or other healthcare facility;

WHEREAS, in the event that the AGREEMENT is terminated, the non-exclusive license to ASSIGNOR shall be expanded to include use within the License Field,

NOW, THEREFORE, for and in consideration of said AGREEMENT and for other good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNOR has sold, assigned and transferred and by these presents does hereby sell, assign and transfer to said ASSIGNEE, the entire right, title and interest in and throughout the United States of America, its territories and all foreign countries, in and to said applications and the invention therein described and claimed, and such Letters Patent as may issue on said invention; said invention, applications and Letters Patent to be held and enjoyed by said ASSIGNEE, to the full end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held by ASSIGNOR had this assignment and sale not been made; ASSIGNOR hereby conveys all rights arising under or pursuant to any and all international agreements, treaties or laws relating to the protection of industrial property by filing any such applications for Letters Patent.

ASSIGNOR hereby acknowledges that this assignment, being of the entire right, title and interest in and to said invention, carries with it the right in ASSIGNEE to apply for and obtain from competent authorities in all countries of the world any and all Letters Patent by attorneys and agents of ASSIGNEE's selection and the right to procure the grant of all such Letters Patent to ASSIGNEE for its own name as assignee of the entire right, title and interest therein;

Docket No. 3265.1009-000

ASSIGNOR further agrees that ASSIGNOR will, without demanding any further consideration therefor, at the request and the expense of ASSIGNEE, do all lawful and just acts, including the execution and acknowledgment of instruments, that may be or become necessary for obtaining, sustaining, or reissuing said Letters Patent as may be granted from said Patent Application, and for maintaining and perfecting ASSIGNEE's right to said Letters Patent.

IN TESTIMONY WHEREOF, ASSIGNOR has hereunto its hand and affixed its seal the date set forth below.

DATE. 7/13/04

ASSIGNOR: Expressive Constructs, Inc.

BY. Mitchell C. Sanders

TITLE. President

SIGNATURE: [Signature]

State/Commonwealth

of Mississippi

County of Warrenton

On this 13th day of July, 2004, before me, the undersigned notary public, personally appeared **Mitchell C. Sanders**,

personally known to me, or

proved to me through satisfactory evidence of identification, which was

_____ to be the person whose name was signed on the foregoing instrument in my presence, and acknowledged to me that he/she signed the foregoing instrument as the free act and deed of **Expressive Constructs, Inc.**, for its stated purpose, as an authorized officer of **Expressive Constructs, Inc.**

(SEAL)

[Signature]
Notary Public
K/ALYANE CARLSON
(print name)

My Commission expires 9 / 10 / 04