

Re 4-23-07



05-29-2007

DEPARTMENT OF COMMERCE
Patent and Trademark Office

5.23.07

PATENT



103409824

To the Director of the U.S. Patent and Trademark Office.

address(es) below.

1. Name of conveying party(ies)

LAWSON RESEARCH INSTITUTE
268 Grosvenor Street
London, Ontario
Canada
N6A 4V2

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

3. Nature of conveyance/Execution Date(s):

Execution Date(s) January 1, 2007

- ☐ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☒ Other Discharge of Security Interest

2. Name and address of receiving party(ies)

Name: FRALEX THERAPEUTICS INC.

Internal Address: _____

Street Address: 268 Grosvenor Street

City: London

State: Ontario

Country: Canada Zip: N6A 4V2

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

4. Application or patent number(s):

A. Patent Application No.(s)

PLEASE SEE ATTACHED SCHEDULE

☐ This document is being filed together with a new application.

B. Patent No.(s)

PLEASE SEE ATTACHED SCHEDULE

Additional numbers attached? ☒ Yes ☐ No

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

Name: Amy C. Bryson

Internal Address: McKenzie Lake Lawyers LLP

Street Address: 300 Dundas Street

City: London

State: Ontario, Canada Zip: N6B 1T6

Phone Number: 519-672-5666 ext. 336

Fax Number: 519-672-2674

Email Address: bryson@mckenzielake.com

6. Total number of applications and patents involved: eight (8)

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 320.00

- ☐ Authorized to be charged by credit card
☒ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number previously paid

Authorized User Name _____

9. Signature:

A. Bryson

Signature

Amy C. Bryson

Name of Person Signing

18 May 2007
Date

Total number of pages including cover sheet, attachments, and documents: _____

PATENT

REEL: 019365 FRAME: 0001



CONTINUATION OF RECORDATION FORM COVER SHEET

Item #1 – Name and Address of conveying party(ies)

The University of Western Ontario
268 Grosvenor Street
London, Ontario
N6A 4V2

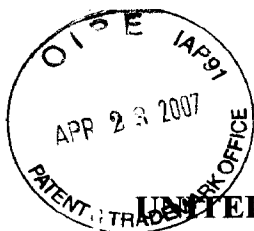
Item #4 – Application or patent number(s)

A. Patent Application No.(s)

| <u>Applications No.(s)</u> |
|--|
| 60/209994 |
| 10/319944 |
| 11/320194 (formerly Application No. 60/482709) |
| 60/210478 |
| 10/313616 |
| 60/019184 |
| 60/429240 |

B. Patent No.(s)

| <u>Patent No.(s)</u> |
|--|
| 6234953 (formerly Application No. 09/194930) |



DIRECTION

TO: UNITED STATES PATENT AND TRADEMARK OFFICE ("USPTO")

**RE: DISCHARGE OF SECURITY REGISTERED IN PATENTS OF
FRALEX THERAPEUTICS INC.**

1. The undersigned hereby authorize and direct you to discharge the registration of the security interests of the undersigned in the following patents owned by Fralex Therapeutics Inc.:

| |
|--|
| 60/209994 |
| 10/319944 |
| 11/320194 (formerly Application No. 60/482709) |
| 6234953 (formerly Application No. 09/194930) |
| 60/210478 |
| 10/313616 |
| 60/019184 |
| 60/429240 |

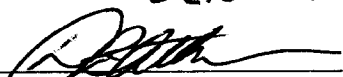
and this shall be your good and sufficient authority for so doing.

2. This Direction may be signed in counterparts and each such counterpart shall constitute an original document and such counterparts, taken together, shall constitute one and the same instrument.

DATED this 21 day of MARCH, 2007.

LAWSON RESEARCH INSTITUTE

Per: 
Name: DAVID HILL
Position: SCIENTIFIC DIRECTOR

Per: 
Name: _____
Position: _____

DATED this _____ day of _____, 2007.

THE UNIVERSITY OF WESTERN ONTARIO

Per: _____
Name: _____
Position: _____

Per: _____
Name: _____
Position: _____



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DATED this day of , 2007.

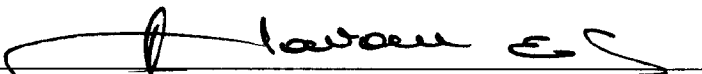
LAWSON RESEARCH INSTITUTE

Per: _____
Name: _____
Position: _____

Per: _____
Name: _____
Position: _____

DATED this 21 day of March , 2007.

THE UNIVERSITY OF WESTERN ONTARIO

Per: 
Name: Alex Navarre, Ph.D., MBA
Position: Director, Technology Transfer


LEGAL

Per: _____
Name: _____
Position: _____