PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
SHOGOO PHARMACEUTICALS, K.K.	07/25/2008

RECEIVING PARTY DATA

Name:	SHOGOO PHARMACEUTICALS AG
Street Address:	Engelgasse 77
City:	Basel
State/Country:	SWITZERLAND
Postal Code:	4052

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	10495789

CORRESPONDENCE DATA

Fax Number: (613)787-3558

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 613-237-5160

Email: ipinfo@blgcanada.com

Correspondent Name: Borden Ladner Gervais LLP

Address Line 1: 100 Queen Street, Suite 1100

Address Line 2: World Exchange Plaza

Address Line 4: Ottawa, CANADA K1P 1J9

ATTORNEY DOCKET NUMBER: PAT 2323W-2

NAME OF SUBMITTER:

Angie Armstrong-Baker

Total Attachments: 1

source=PAT_2323W_2_Letter_From_Client_Attaching_Executed_Assignment#page1.tif

40.00

PATENT REEL: 021466 FRAME: 0809 We

SHOGOO PHARMACEUTICALS, K.K. 1-13-6 Nihonbashihoncho, Chuo-ku Tokyo 103-0022 JAPAN

for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, do hereby sell and assign to:

SHOGOO PHARMACEUTICALS AG Engelgasse 77 4052 Basel SWITZERLAND

all our right, title and interest in the United States of America in and to the invention disclosed in U.S. Patent Application No. 10/495,789, filed May 17, 2004, relating to, and entitled:

PRODUCTION OF PURE STEREOISOMERS OF TRICYCLO[5.2.1.0(2.6)]-DEC-9-YL-XANTHOGENATE AND MEDICAMENTS THEREFROM

and to all our corresponding right, title and interest in and to any patent issued therefrom, and to any patent issued from a continuation, continuation-in-part, re-issue, divisional or re-examination application derived, or claiming priority, from the above application.

We authorize the firm of Borden Ladner Gervais LLP to insert any further identification necessary to make this assignment suitable for recordation in the Patent Offices of any country as may be required.

SIGNED at		Zurion		Switzerland			
this	25	_day of	City or To	2008 .	PHARMACEUTO	Country	
				By: Dr. Leo	nz Meyer, LL.M.		

Title: authorized representatitve

whose full post office address is (name of witness)

Was personally present and did see Dr. Leonz Meyer, LL.M. execute the within assignment and such assignor is personally known to me to be the person described in such document.

Signature of Witness

PATENT
RECORDED: 09/02/2008 REEL: 021466 FRAME: 0810