

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
Heather E. Hallen	01/13/2009
John S. Scott-Craig	01/13/2009
Jonathan D. Walton	01/13/2009
Hong Luo	01/13/2009
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	Michigan State University, Office of Intellectual Property
<b>Street Address:</b>	3900 Collins Road, Suite 1044
<b>City:</b>	Lansing
<b>State/Country:</b>	MICHIGAN
<b>Postal Code:</b>	48910
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	12268229
<b>CORRESPONDENCE DATA</b>	
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NAME OF SUBMITTER:	Abby Everson

OP \$40.00 12268229

Total Attachments: 2  
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**PATENT**  
**REEL: 022394 FRAME: 0335**



Form PTO-1595	RECORDATION FORM COVER SHEET	U.S. Department of Commerce Patent and Trademark Office
	PATENTS ONLY	

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

1. Name of conveying party(ies):  Heather E. Hallen John S. Scott-Craig Jonathan D. Walton Hong Luo	2. Name and address of receiving party(ies):  Michigan State University 3900 Collins Road Suite 1044 Lansing, Michigan 48910
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Additional name(s) of conveying party(ies) attached? <b>No</b>	Additional name(s) & address(es) attached? <b>No</b>
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3. Nature of conveyance: Assignment Execution Date: <b>01/13/09</b> <b>01/13/09</b> <b>01/13/09</b> <b>01/13/09</b>	
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4. Title of Invention: Identification of Genes for Amatoxin and Phallotoxin Biosynthesis
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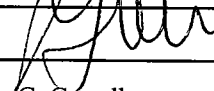
A. New Patent Application No.(s): 12/268,229	B. Patent No.(s): N.A.
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Additional numbers attached? <b>No</b>
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5. Name and address of party to whom correspondence concerning document should be mailed:  Peter G. Carroll MEDLEN & CARROLL, LLP 101 Howard Street, Suite 350 San Francisco, California 94105	6. Total number of applications and patents involved: <b>1</b>
	7. Total fee(s): Payment in the amount of <b>\$40</b> is submitted (\$40 Recordation fee).
	8. Deposit Account Authorization:  The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. <b>08-1290</b> .

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9. Statement and Signature: <i>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.</i>
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Date: <u>March 13, 2009</u>	Signature: 
	Name: Peter G. Carroll
	Reg. No.: 32, 837

