

**PATENT ASSIGNMENT**

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Joni K. Doherty	03/17/2009
RECEIVING PARTY DATA	
Name:	Oregon Health & Science University
Street Address:	2525 SW First Avenue
Internal Address:	Suite 120
City:	Portland
State/Country:	OREGON
Postal Code:	97201
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12165317
CORRESPONDENCE DATA	
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ATTORNEY DOCKET NUMBER:	49321-178
NAME OF SUBMITTER:	Barry L. Davison, Ph.D., J.D.

Total Attachments: 3  
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**PATENT  
 REEL: 022426 FRAME: 0960**

**CH \$40.00 12165317**



Attorney Docket No.: 49321-178

ASSIGNMENT

WHEREAS, we, Joni K. Doherty of <sup>3371 Yellowtail Drive, Los Alamitos, 9072</sup>~~408 North Cleveland Street, Oceanside, California 92054~~,  
 Gail M. Clinton of 301 Box Canyon Road, Wimberley, Texas 78676; and John P. Adelman of  
 2433 SW Mitchell Street, Portland, Oregon 97201 (ASSIGNORS), are the inventors named in  
 an application for a Letters Patent of the United States entitled HER-2 BINDING  
 ANTAGONISTS; said application filed in the United States on June 30, 2008, and assigned U.S.  
 Patent Application No. 12/165,317 (said application being a continuation of U.S. Patent  
 Application No. 09/234,208 filed January 20, 1999);

AND, WHEREAS, Oregon Health & Science University, a public corporation of the State of  
 Oregon, having administrative offices at 2525 SW First Avenue, Suite 120, Portland, Oregon  
 97201 (hereinafter referred to as ASSIGNEE) is desirous of acquiring the entire right, title and  
 interest in the invention described in the said application;

NOW, THEREFORE, for sufficient, good and valuable consideration, the receipt of which is  
 hereby acknowledged, we do hereby sell, assign, and transfer unto said ASSIGNEE, our entire  
 right, title to and interest in said application and said inventions and all corresponding  
 continuation applications, divisional applications, foreign applications and patents on said  
 invention(s) to be held and enjoyed by ASSIGNEE as entirely as the same would have been held  
 and enjoyed by us had this sale, assignment, and transfer not been made, and we do hereby  
 further agree and promise to execute all instruments and render all such assistance as  
 ASSIGNEE may request in order to make and prosecute any and all applications on said  
 invention(s), to enforce any and all patents on said invention(s), and to confirm in ASSIGNEE  
 legal title to said invention(s) and all applications and patents on said invention(s), all without  
 charge to ASSIGNEE but at no expense to us.

3/17/09  
 Date

By [Signature]  
 Joni K. Doherty

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ ) ss

*See Attached.*

I certify that I know or have satisfactory evidence that Joni K. Doherty is the person who  
 appeared before me, and said person acknowledged that she signed this instrument and

**ACKNOWLEDGMENT**

State of California  
County of San Diego

On March 19th, 2009 before me, Melissa Wahl  
(insert name and title of the officer)

personally appeared Joni Doherty  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are  
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in  
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the  
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing  
paragraph is true and correct.

WITNESS my hand and official seal.



Signature 

(Seal)

acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated \_\_\_\_\_  
 Signature of \_\_\_\_\_  
 Notary Public \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 My appointment expires \_\_\_\_\_

\_\_\_\_\_ Date By Gail M. Clinton

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

I certify that I know or have satisfactory evidence that Gail M. Clinton is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated \_\_\_\_\_  
 Signature of \_\_\_\_\_  
 Notary Public \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 My appointment expires \_\_\_\_\_

\_\_\_\_\_ Date By John P. Adelman

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

I certify that I know or have satisfactory evidence that John P. Adelman is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated \_\_\_\_\_  
 Signature of \_\_\_\_\_  
 Notary Public \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 My appointment expires \_\_\_\_\_