

Docket No.: Army135B

FORM PTO-1595 (Modified)  
(Rev. 12-05)  
OMB No. 0651-0027 (exp. 1/31/2009)  
P08A/REV05

## RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office

## PATENTS ONLY

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

## 1. Name of conveying party(ies):

Lee, John Scott                      Pushko, Peter  
Parker, Michael D.                Smith, Jonathan F.  
Welkos, Susan L.

Additional names(s) of conveying party(ies)

☐ Yes ☒ No

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

Execution Date(s): 11/18/99; 11/19/99

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

## 2. Name and address of receiving party(ies):

Name: Government of the United States, as represented

Address: by the Secretary of the Army

U.S. Army Medical Research and Materiel Command

504 Scott Street

City: Fort Detrick

State/Prov.: Maryland

Country: USA                      ZIP: 21702-5014

Additional name(s) &amp; address(es)

☐ Yes ☒ No

## 4. Application or patent numbers(s):

A. Patent Application No. (s)

10/442,502 (cont. app of

09/350,729 listed on

assignment)

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

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Elizabeth Arwine

Registration No.: 45,867

Address: U.S. Army Medical Research and Materiel

504 Scott Stree

City: Fort Detrick

State/Prov.: Maryland

Country: USA                      ZIP: 21702-5014

Phone Number: 301-619-7808

Fax Number:

Email Address:

## 6. Total number of applications and patents involved: 1

## 7. Total fee (37 CFR 1.21(h) &amp; 3.41) \$ 40.00

- ☐ 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 21-0380

Authorized User Name    Marlana Titus

## 9. Signature:

Signature

Marlana Titus

Name of Person Signing

March 30, 2009

Date

Total number of pages including cover sheet, attachments, and document:

4

Documents to be recorded (including cover sheet) should be faxed to (571)273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1460, Alexandria, VA 22313-1460

700403955

PATENT  
REEL: 022480 FRAME: 0404

CH \$40.00 210380 09350729

**ASSIGNMENT OF INVENTION**

For use of this form, see AR 27-60; the proponent agency is OTJAG

Title of Invention: ANTHRAX VACCINEInventor(s) John Scott Lee, Peter Pushko, Michael D. Parker, Jonathan F. Smith, and Susan L. Welkos\* Application Serial No.: 09/350,729\* Date Oath Executed: 11/18/1999; 11/19/1999 \* Filing Date: July 9, 1999

(\* Data not known at execution may be added for better identification.)

I (We), the undersigned inventor(s), in consideration of the rights of the Government of the United States acquired by virtue of the circumstances under which the above-entitled invention was made, hereby:

1. Assign to the Government of the United States, as represented by the Secretary of the Army, the entire right, title and interest throughout the United States, its Territories, Possessions, and Puerto Rico, in and to the above-entitled invention and application for patent and all Letters Patent issuing thereon, and any continuation, continuation-in-part or division of said application and any reissue or extension of said Letters Patent.

2. Agree to assign to the Government upon its request, title and interest in the invention in those foreign countries in which the Government, within eight months of the filing of the United States application for patent, determines to cause an application to be filed; provided that if the Government determines not to cause an application to be filed in any particular foreign country or fails to make such a determination, within the said eight months, all right, title and interest in the invention in such foreign country shall remain in me (us), subject to a nonexclusive, irrevocable, royalty-free license to the Government in any patent which may issue on the invention in such foreign country, including the power to issue sublicenses for use in behalf of the Government and/or furtherance of the foreign policies of the Government.

3. Agree to provide any further information within my (our) knowledge and to execute any further documents necessary to the prosecution of patent applications on the invention, the prosecution and settlement of interferences and recording of title to patent applications and patents issuing thereon.

Signature of Inventor:

John  
(First name)S  
(Middle Initial)Lee  
(Last name)Duty Address: U.S. Army Medical Research Institute of Infectious Diseases, Fort Detrick, MD 21702-5011  
(Locality) (County) (State)Date: 5 March 00 Typed Name of Inventor: JOHN SCOTT LEEState of: MarylandCounty of: Frederick ) SS

On the above date JOHN SCOTT LEE known to me to be the individual described in and who executed the foregoing instrument duly appeared before me and acknowledged to me that the same as his own free act and deed.



John M. Fry, Notary Public  
Frederick County  
State of Maryland

My Commission Expires Oct. 1, 2000

John M. Fry  
(Signature of notary public)

My Commission expires on 1 Oct 00

## SUPPLEMENTAL SIGNATURE SHEET

For use of this form, see AR 27-80; the proponent agency is OTJAG

Use this form with DA Forms 2873-R and 2874-R when additional signature blocks are needed.

1. ASSIGNOR/s/ OR LICENSOR/s/ NAME/s/  
John Scott Lee, Peter Pushko, Michael D. Parker, Jonathan F. Smith, and  
Susan L. Welkos

2. APPLICATION SERIAL NUMBER  
09/350,729

3. FILING DATE  
July 9, 1999

4. TITLE OF INVENTION  
ANTHRAX VACCINE

SIGNATURE OF INVENTOR:

Peter M Pushko  
(First name) (Middle initial) (Last name)

DUTY ADDRESS: U.S. Army Medical Research Institute of Infectious Diseases, Fort Detrick, MD 21702-5011

DATE SIGNED: 9 March 2000 INVENTOR'S TYPED NAME: PETER PUSHKO

\*\*\*\*\*

STATE OF

COUNTY OF

Maryland  
Frederick } SS.

On the above date PETER PUSHKO known to me to be the individual described in and who  
executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own  
free act and deed.



Joan M. Fry, Notary Public  
Frederick County  
State of Maryland  
My Commission Expires Oct. 1, 2000

Joan M. Fry  
(Signature of notary public)  
My Commission expires on 1 Oct 00

SIGNATURE OF INVENTOR:

Michael D. Parker  
(First name) (Middle initial) (Last name)

DUTY ADDRESS: U.S. Army Medical Research Institute of Infectious Diseases, Fort Detrick, MD 21702-5011

DATE SIGNED: 6 March 00 INVENTOR'S TYPED NAME: MICHAEL D. PARKER

\*\*\*\*\*

STATE OF

COUNTY OF

Maryland  
Frederick } SS.

On the above date MICHAEL D. PARKER known to me to be the individual described in and who  
executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own  
free act and deed.



Joan M. Fry, Notary Public  
Frederick County  
State of Maryland  
My Commission Expires Oct. 1, 2000

Joan M. Fry  
(Signature of notary public)  
My Commission expires on 1 Oct 00

# SUPPLEMENTAL SIGNATURE SHEET

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1. ASSIGNOR(s) OR LICENSOR(s) NAME(s)  
John Scott Lee, Peter Pushko, Michael D. Parker, Jonathan F. Smith, and  
Susan L. Welkos

2. APPLICATION SERIAL NUMBER  
09/350,729

3. FILING DATE  
July 9, 1999

4. TITLE OF INVENTION  
ANTHRAX VACCINE

SIGNATURE OF INVENTOR:

*Jonathan*  
(First name)

*J.*  
(Middle initial)

*Smith*  
(Last name)

DUTY ADDRESS: U.S. Army Medical Research Institute of Infectious Diseases, Fort Detrick, MD 21702-5011

DATE SIGNED: 3 MARCH 2000 INVENTOR'S TYPED NAME: JONATHAN F. SMITH

\*\*\*\*\*

STATE OF

*Maryland*

COUNTY OF

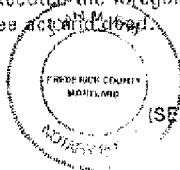
*Frederick*

SS.

On the above date  
executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own  
free act and deed.

JONATHAN F. SMITH

known to me to be the individual described in and who



Joan M. Fry, Notary Public  
Frederick County  
State of Maryland  
(SEAL) Commission Expires Oct. 1, 2000

*Joan M. Fry*  
(Signature of notary public)

My Commission expires on 3 March / Oct 00

SIGNATURE OF INVENTOR:

*Susan*  
(First name)

*L.*  
(Middle initial)

*Welkos*  
(Last name)

DUTY ADDRESS: U.S. Army Medical Research Institute of Infectious Diseases, Fort Detrick, MD 21702-5011

DATE SIGNED: 6 March 00 INVENTOR'S TYPED NAME: SUSAN L. WELKOS

\*\*\*\*\*

STATE OF

*Maryland*

COUNTY OF

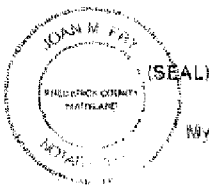
*Frederick*

SS.

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SUSAN L. WELKOS

known to me to be the individual described in and who



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Frederick County  
State of Maryland  
(SEAL) My Commission Expires Oct. 1, 2000

*Joan M. Fry*  
(Signature of notary public)

My Commission expires on 1 Oct 00