

PATENT ASSIGNMENT

Electronic Version v1.1
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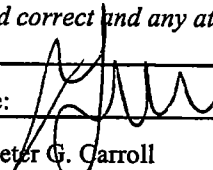
SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Assignee previously recorded on Reel 022329 Frame 0900. Assignor(s) hereby confirms the Assignor Signature Sheet.
CONVEYING PARTY DATA	
Name	Execution Date
James M. Hamby	07/01/2009
RECEIVING PARTY DATA	
Name:	TCH Pharmaceuticals, Inc.
Street Address:	330 East Liberty
City:	Ann Arbor
State/Country:	MICHIGAN
Postal Code:	48104
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12247524
CORRESPONDENCE DATA	
Fax Number:	(415)904-6510
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	415.904.6500
Email:	aaeverson@medlencarroll.com
Correspondent Name:	Abby Everson
Address Line 1:	101 Howard Street, Suite 350
Address Line 4:	San Francisco, CALIFORNIA 94105
ATTORNEY DOCKET NUMBER:	MSU-16222
NAME OF SUBMITTER:	Abby Everson
Total Attachments: 9 source=assigncorrectivetransfinal#page1.tif source=1595corrective#page1.tif source=assignhambyrevised#page1.tif source=msu16222assignment030309#page1.tif	

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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): James Hamby	2. Name and address of receiving party(ies): TCH Pharmaceuticals, Inc. 330 East Liberty Ann Arbor, Michigan 48104	
Additional name(s) of conveying party(ies) attached? No	Additional name(s) & address(es) attached? No	
3. Nature of conveyance: Assignment Execution Date: July 01, 2009		
4. Title of Invention: Substituted Imidazoline Compounds		
A. New Patent Application No.(s): 12/247,524	B. Patent No.(s): N.A.	
Additional numbers attached? No		
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: 1	
	7. Total fee(s): Payment in the amount of \$40 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. 08-1290 .	
DO NOT USE THIS SPACE		
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>		
Date: <u>July 7, 2009</u>	Signature: 	
	Name: Peter G. Carroll	
	Reg. No.: 32, 837	

D:ABBY EVERSON COMPANY:101 HOWARD STREET, SUITE 350

PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT										
NATURE OF CONVEYANCE:	ASSIGNMENT										
CONVEYING PARTY DATA											
<table border="1"> <thead> <tr> <th>Name</th> <th>Execution Date</th> </tr> </thead> <tbody> <tr> <td>Jetze Tepe</td> <td>02/20/2009</td> </tr> <tr> <td>James Hamby</td> <td>02/10/2009</td> </tr> </tbody> </table>		Name	Execution Date	Jetze Tepe	02/20/2009	James Hamby	02/10/2009				
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James Hamby	02/10/2009										
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<table border="1"> <tr> <td>Name:</td> <td>Michigan State University Office of Intellectual Property</td> </tr> <tr> <td>Street Address:</td> <td>3900 Collins Road</td> </tr> <tr> <td>City:</td> <td>Lansing</td> </tr> <tr> <td>State/Country:</td> <td>MICHIGAN</td> </tr> <tr> <td>Postal Code:</td> <td>48910</td> </tr> </table>		Name:	Michigan State University Office of Intellectual Property	Street Address:	3900 Collins Road	City:	Lansing	State/Country:	MICHIGAN	Postal Code:	48910
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