

PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT				
NATURE OF CONVEYANCE:	EXECUTIVE ORDER 9424, CONFIRMATORY LICENSE				
CONVEYING PARTY DATA					
<table border="1"><tr><th>Name</th><th>Execution Date</th></tr><tr><td>Feinstein Institute For Medical Research</td><td>05/06/2010</td></tr></table>	Name	Execution Date	Feinstein Institute For Medical Research	05/06/2010	
Name	Execution Date				
Feinstein Institute For Medical Research	05/06/2010				
RECEIVING PARTY DATA					
Name:	National Institutes of Health (NIH), U.S. Dept. of Health and Human Services (DHHS), U.S. Government				
Street Address:	NIH Division of Extramural Inventions and Technology Resources (DEITR)				
Internal Address:	6705 Rockledge Drive, Suite 310, MSC 7980				
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State/Country:	MARYLAND				
Postal Code:	20892-7980				
PROPERTY NUMBERS Total: 1					
<table border="1"><tr><th>Property Type</th><th>Number</th></tr><tr><td>Application Number:</td><td>11920304</td></tr></table>	Property Type	Number	Application Number:	11920304	
Property Type	Number				
Application Number:	11920304				
CORRESPONDENCE DATA					
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Total Attachments: 1 source=11920304,lmt,05-25-10#page1.tif					

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PATENT
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Invention Title: Therapeutic use of milk fat globule epidermal growth factor VII (MFG-E8) in sepsis

Inventor(s): Ping Wang

U.S. Filing/Issue Date: November 13, 2007

Patent or Application Serial No.: 11/920,304

Grant/Contract Number(s): R01 GM057468

Foreign Applications filed/intended in (countries): _____

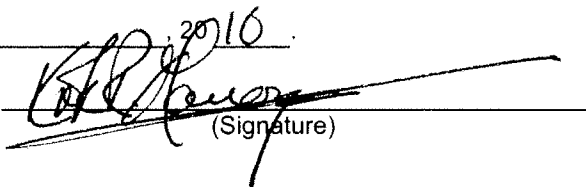
The invention identified above is a Subject Invention under **35 U.S.C. 200, et seq.**, and the Standard Patent Rights clause at **37 CFR 401.14, FAR 52.227-11** or **FAR 52.227-12** (if applicable) which are included among the terms of the above identified grant or contract award from the United State Government. This document is confirmatory of:

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The Government is hereby granted an irrevocable power to inspect and make copies of the above-identified patent application.

Signed this 6th day of MAY, 2010.

By Kirk R. Manogue, PhD
Vice President (Contractor Official)


(Signature)

Title _____

For FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH
(Grantee/Contractor Organization)

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