

PATENT ASSIGNMENT

Electronic Version v1.1
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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Michael David	05/04/2009
RECEIVING PARTY DATA	
Name:	The Regents of the University of California
Street Address:	1111 Franklin Street, 12th Floor
City:	Oakland
State/Country:	CALIFORNIA
Postal Code:	94607-5200
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	10494452
CORRESPONDENCE DATA	
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Address Line 1:	101 Howard Street, Suite 350
Address Line 4:	San Francisco, CALIFORNIA 94105
ATTORNEY DOCKET NUMBER:	UCSD-09013
NAME OF SUBMITTER:	Abby Everson
Total Attachments: 3 source=1595final#page1.tif source=assignsigned05042009#page1.tif source=assignsigned05042009#page2.tif	

OP \$40.00 10494452

Form PTO-1595	RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. Department of Commerce Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.			
1. Name of conveying party(ies): David, Michael	2. Name and address of receiving party(ies): The Regents of the University of California 1111 Franklin Street, 12 th Floor Oakland, California 94607-5200		
Additional name(s) of conveying party(ies) attached? No	Additional name(s) & address(es) attached? No		
3. Nature of conveyance: Assignment Execution Date: May 04, 2009			
4. Title of Invention: Methods and Compositions for Prevention and Treatment of Inflammatory Disease, Autoimmune Disease and Transplant Rejection			
A. New Patent Application No.(s): 10/494,452	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>June 10, 2010</u>	Signature: <i>Mahattandan</i>		
	Name: Maha A. Hamdan		
	Reg. No.: 43, 655		

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Diego

On May 4, 2009 before me, Vini Eka Smith, Notary Public

personally appeared Michael David

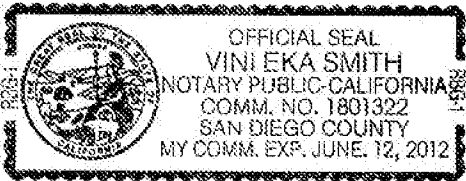
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), 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

[Handwritten Signature]
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: ASSIGNMENT (PATENT ATTORNEY DOCKET NO: UCSD-09013)

Document Date: May 4, 2009 Number of Pages: 1

Signer(s) Other Than Named Above: no other signers

Capacity(ies) Claimed by Signer(s)

Signer's Name: Michael David

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



Signer's Name: _____

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- Partner — Limited General
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- Trustee
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- Other: _____

Signer Is Representing: _____

