501972292 06/28/2012

PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Thomas Dudler	05/08/2012
Wayne R. Gombotz	05/09/2012
James Brian Parent	05/17/2012
Clark E. Tedford	05/25/2012
Anita Kavlie	06/14/2012
Urs Beat Hagemann	06/04/2012
Herald Reiersen	06/08/2012
Sergej Kiprijanov	06/04/2012

RECEIVING PARTY DATA

Name:	Omeros Corporation
Street Address:	1420 Fifth Avenue
Internal Address:	Suite 2600
City:	Seattle
State/Country:	WASHINGTON
Postal Code:	98101

PROPERTY NUMBERS Total: 2

Property Type	Number
Application Number:	13464334
PCT Number:	US1236509

CORRESPONDENCE DATA

Fax Number: (206)676-5005 **Phone**: 206.676.5000

Email: mkelbon@omeros.com

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

via US Mail.

Correspondent Name: Omeros Corporation

PATENT

REEL: 028461 FRAME: 0361

00 13464334

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Address Line 1: 1420 Fifth Avenue

Address Line 2: Suite 2600

Address Line 4: Seattle, WASHINGTON 98101

ATTORNEY DOCKET NUMBER: MP.1.0115.US2.PCT

NAME OF SUBMITTER: Marcia S. Kelbon

Total Attachments: 12

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PATENT REEL: 028461 FRAME: 0362

Attorney Docket No: MP.1.0115.US2

MP.1.0115.PCT

ASSIGNMENT

WHEREAS, we, Thomas Dudler, residing at 13410 NE 36th Street, Bellevue, Washington 98005, USA, Wayne R. Gombotz, residing at 15545 61st Avenue NE, Kenmore, Washington 98028, USA, James Brian Parent, residing at P.O. Box 10278, Bainbridge Island, Washington 98110, USA, Clark E. Tedford, residing at 4058 NE Lookout Lane, Poulsbo, Washington 98370, USA, Anita Kavlie, residing at Stromsborgveien 39H, Oslo N-0287, Norway, Urs Beat Hagemann, residing at Nydalen Alle 29, Oslo N-0484, Norway, Herald Reiersen, residing at Njards veo 5C, Sofiemyr N-1412, Norway, and Sergej Kiprijanov, residing at Hovseterveien 98, Oslo N-0768, Norway, are the inventors named in an application for Letters Patent of the United States, entitled COMPOSITIONS FOR INHIBITING MASP-2 DEPENDENT COMPLEMENT ACTIVATION, the specification of which was filed on May 4, 2012, as U.S. Application No. 13/464,334, and are the inventors named in an International PCT Application filed in the U.S. Receiving Office, entitled COMPOSITIONS FOR INHIBITING MASP-2 DEPENDENT COMPLEMENT COMPLEMENT ACTIVATION the specification of which was filed on May 4, 2012, as International PCT Application No. PCT/US12/36509 (the "Applications").

AND, WHEREAS, Omeros Corporation, a Washington corporation, having a principal place of business at 1420 5th Avenue, Suite 2600, Seattle, Washington 98101 (hereinafter referred to as ASSIGNEE), is desirous of acquiring our entire right and title to and interest in our invention(s) disclosed in said Applications;

NOW, THEREFORE, for sufficient, good and valuable consideration, the receipt of which is hereby acknowledged, we do hereby sell, assign and transfer unto ASSIGNEE our entire right and title to and interest in said Applications and said invention(s), including the right to apply for international patents and patents thereon in foreign countries in our name or in the name of ASSIGNEE, said invention(s) and all 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 applications and patents on said invention(s), and to confirm in ASSIGNEE legal title to said invention(s) and all applications and patents on said invention, all without charge to ASSIGNEE but at no expense to us.

Executed at Sautte	(city), was his (state), this	s <u> </u>
of May 2012.		

		Withing Duriet	
STATE OF Washington) ss.		
COUNTY OF FIAT	.)		
	satisfactory evi	idence that Thomas Dudler is the edged that he signed this instr for the uses and purposes menti-	rument and
Dated: Way 8, 8012			
		5+0-	
(Sea or stamp) Notary Public State of Washington STEPHANIE C. JANSEN MY COMMISSION EXPIRES August 16, 2015	Signat Printed		NUM
***********	*****	***********	****
Executed at	(city),	(state), this	day
of, 2012,			
		Wayne R. Gombotz	
STATE OF	_)		
) SS _e		
COUNTY OF)		
I certify that I know or have	satisfactory ex	ridence that Wayne R. Gombotz is	s the person

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instrument.

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

	Thomas Dudler
STATE OF)	
) ss.	
COUNTY OF	
appeared before me, and said person a	ctory evidence that Thomas Dudler is the person who acknowledged that he signed this instrument and tary act for the uses and purposes mentioned in the
Dated:	
(Seal or stamp)	Signature
	Printed Name:
	Notary Public My appointment expires

	Wayne R. Somborz
STATE OF <u>WA</u>) ss.	
· · · · · · · · · · · · · · · · · · ·	
COUNTY OF KING)	
who appeared before me, and said perso	actory evidence that Wayne R. Gombotz is the person on acknowledged that he signed this instrument and stary act for the uses and purposes mentioned in the

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instrument.

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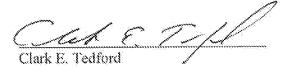
ishied: 5 5 9 1 12	My appo	ublic VENNIFER M / intment expires <u>Edb</u> 1	1,2011
*************** Executed at			
	, see	ames Brian Parent	
STATE OF) COUNTY OF)	88.		
	person acknow voluntary act fi	dence that James Brian Parent i dedged that he signed this ins for the uses and purposes ment	trument an
Dated:			iiiiiiiiiiiii
Dated:(Seal or stamp)	Signatu Printed Notary	Name:	
	Signatu Printed Notary My app	Name:Public ointment expires	

Dated:			
(Seal or stamp)	Not	nature ary Public appointment expires	
********	*****	*********	*****
Executed at Bankridge 1s of May, 2012.	<u>(</u> (city),	Washing on (state), thi	s <u>17</u> day
		James Brian Parent	2nJ
STATE OF Washington)) ss.		
COUNTY OF htx.p)		
I certify that I know or have who appeared before me, and said acknowledged it to be his free and instrument.	satisfactor	knowledged that he sign	ed this instrument and
Dated: May 17,2012		10 6 17 6	
Motory Poblic State of Weshington MICHAEL I FOX My Appointment Expires Aug 22, 2015	Pri No My	Uichae II 400 gnature Inted Name: 10,0500 otary Public y appointment expires 2	/I.Fox

Executed at, 2012.	(city),	(State), th	us day

Dated:		
(Seal or stamp)	Signature Notary Public My appointment expires	

Executed at	(city), (state), 2.	, thisday
	James Brian Parer	1Ē
STATE OF)	
) ss.	
COUNTY OF)	
who appeared before me	ow or have satisfactory evidence that James e, and said person acknowledged that he s is free and voluntary act for the uses and p	signed this instrument and
Dated:		
(Seal or stamp)	Signature Printed Name: Notary Public My appointment expires	
	*****************	*****
Executed at	er/s bad (city), CA (state)	this day



STATE OF)
) ss.
COUNTY OF	
appeared before me, and said per	atisfactory evidence that Clark E. Tedford is the person who is son acknowledged that he signed this instrument and voluntary act for the uses and purposes mentioned in the
Dated:	
(Seal or stamp)	Signature
er transcomment of the second	Printed Name:
	Notary Public
	My appointment expires

Executed at	, this
day of, 2012.	
	A.N. F.
	Anita Kavlie

We certify that we know or have satisfactory evidence that Anita Kavlie is the person who appeared before us, 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.

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California County of Sam Diego On May 25, 2012 before me, V. personally appeared Clark E. Te	Adams Notory Public (here juscri marie and little of the affects) Hord
the within instrument and acknowledged to me that	ence to be the person(s) whose name(s) is/are subscribed to t he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under the is true and correct. WITNESS my hand and official seal.	V. ADAMS Commission No. 1863925 NOTARY PUBLIC - CALIFORNIA SAN DEGO COUNTY Not Comm. Express Mearch 25, 2014
Signature of Notary Public	(Seal)
4	*
ADDITIONAL OP	TIONAL INFORMATION
	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	Any acknowledgment completed in California must contain verbings exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and anached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbings as may be printed on such a document to long as the
(Title or description of attached document)	verhiage does not require the notary to do something that is illeged for a notary me California (i.e. cerulising the authorized canacity of the signer). Please check the
(Title or description of attached document continued)	document carefully for proper notorial wording and attach this form if required.
	 State and County information must be the State and County where the document
Number of Pages Document Date	signer(s) personally appeared before the notary public for acknowledgment. • Date of notarization must be the date that the signer(s) personally appeared which
Number of Pages Document Date (Additional information)	signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her
	signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
(Additional information)	signer(s) personally appeared before the notary public for scknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization.
(Additional information) CAPACITY CLAIMED BY THE SIGNER	signer(s) personally appeared before the notary public for schnowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/sho/show-is/see) or circling the correct forms. Failure to correctly indicate this
(Additional information) CAPACITY CLAIMED BY THE SIGNER Individual (s)	signer(s) personally appeared before the notary public for schnowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/shey,: is /ere) or circling the correct forms. Failure to correctly indicate this information may bead to rejection of document recording.
(Additional information) CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer	signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your tritle (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ha/she/they+ is /ero) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically improducible improvement must not cover text or lines. If seal impression smudges, re-seal if a
(Additional information) CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title)	signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your trite (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they; is /ero) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area normals, otherwise commisses a different acknowledgment form.
(Additional information) CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s)	signer(s) personally appeared before the notary public for scknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/sho/they;- is /ere) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the notary public must match the signature on file with the office of
(Additional information) CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact	signer(s) personally appeared before the notary public for scknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/shey, is /ere) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary scal impression must be clear and photographically reproducible impression must not cover text or lines. If scal impression smudges, re-scal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this
(Additional information) CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s)	signer(s) personally appeared before the notary public for scknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/sho/they; is /ere) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the notary clerk.

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corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document

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	Clark E. Tedford
STATE OF)) SS:
COUNTY OF	* "
acknowledged it to be his free a instrument.	person acknowledged that he signed this instrument and not not not the uses and purposes mentioned in the
Dated:	
(Seal or stamp)	Signature Printed Name:
	Notary Public
	My appointment expires
*********	李爷李爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷爷
Executed at 2012	, this
(ay 01	
	Nidos Kade
	Anita Kavlie

We certify that we know or have satisfactory evidence that Anita Kavlie is the person who appeared before us, 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.

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PATENT REEL: 028461 FRAME: 0371

Witnessed By:
Witnessed By: () ()
Typed or Printed Name: MICHIEL BRAUNA 664
Date: Juse 14, 2012
Witnessed By: UCaryland
Typed or Printed Name: SERGET KAPRIJANOV
Date:

Executed at Oslo / Your and this 4th day of James 2012.
Urs Beau Hoge minn S
We certify that we know or have satisfactory evidence that Urs Beat Hagemann is the person who appeared before us, 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.
witnessed By:
Typed or Printed Name: Navs Petter Tield Haut
Date:) UNE 4 2012
Witnessed By:
Witnessed By: Land Land Land Bland B

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day of Second at 2012 , this 5 day
Herald Relersen
We certify that we know or have satisfactory evidence that Herald Reiersen is the person who appeared before us, 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. Witnessed By:
Typed or Printed Name: <u>ANNEE FALDAAS</u>
Date: <u>8th June 2012</u> Witnessed By: A A A
Typed or Printed Name: MICHAEL BRAUNAGEL
Date: 7 (10 8 2012

Executed at Oslo Norway, this 4th day of 44123, 2012.
and the second of the second o
Sergei Kirriishay

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We certify that we know or have satisfactory evidence that Sergej Kiprijanov is the person who appeared before us, 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.
instrument. Witnessed By: Witnessed By:
Typed or Printed Name: Was Petter Tield Float
Date:
Witnessed By: Lake Lake Lake Lake Lake Lake Lake Lake
Typed or Printed Name: MICHAEL TOR AUNAGEL
Date: 2000 4, 2012

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RECORDED: 06/28/2012

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PATENT REEL: 028461 FRAME: 0374