### 501983313 07/10/2012

# PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

#### **CONVEYING PARTY DATA**

Name	Execution Date
Serge Moffett	10/25/2011
Dominic Melancon	10/28/2011
H. Uri Saragovi	01/04/2012
Phil Gold	11/02/2011
A. Claudio Cuello	10/26/2011

#### **RECEIVING PARTY DATA**

Name:	PROSCAN RX PHARMA INC.
Street Address:	5800 Royalmount
City:	Montreal, Quebec
State/Country:	CANADA
Postal Code:	H4P 1K5

## PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	13264652

### **CORRESPONDENCE DATA**

Fax Number: (617)502-5002 Phone: 617-248-5000

Email: patentdocket@choate.com

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

via US Mail.

Correspondent Name: Choate, Hall & Stewart, LLP
Address Line 1: Two International Place

Address Line 4: Boston, MASSACHUSETTS 02110

ATTORNEY DOCKET NUMBER:	2009074-0019
NAME OF SUBMITTER:	Robert N. Sahr

PATENT REEL: 028522 FRAME: 0127

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### Total Attachments: 15

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PATENT REEL: 028522 FRAME: 0128



## **ASSIGNMENT**

For good and valuable consideration, we (hereinafter referred to as "Assignors"):

Full Name of Assignors	CITY	STATE OR PROVINCE AND COUNTRY
Serge MOFFETT	St-Laurent	Québec, CANADA
Dominic MELANÇON	Blainville	Québec, CANADA
H. Uri SARAGOVI	Montréal	Québec, CANADA
Phil GOLD	Westmount	Québec, CANADA
A. Claudio CUELLO	Westmount	Québec, CANADA

hereby assign, vest and transfer (and/or confirm such assignment, vesting or transfer) to:

FULL NAME OF ASSIGNEE	Business Address
PROSCAN RX PHARMA INC.	5800 Royalmount, Montréal, Québec, H4P 1K5, CANADA

and its successors, assigns or legal representatives (collectively herein called the "Assignee"), the entire and exclusive right, title and interest in Canada, the United States and everywhere else throughout the world in the Invention(s) and Improvements which are the subject of the patent application(s) identified as:

TITLE OF APPLICATION	FILING DATE	SERIAL NUMBER
ANTIBODIES AGAINST PROSTATE SPECIFIC MEMBRANE ANTIGEN	April 14, 2009	61/202,867
ANTIBODIES AGAINST PROSTATE SPECIFIC MEMBRANE ANTIGEN	October 6, 2009	61/249,094
ANTIBODIES AGAINST PROSTATE SPECIFIC MEMBRANE ANTIGEN	April 14, 2010	PCT/CA2010/000567

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The Assignors hereby covenant that no assignment, sale, agreement, or encumbrance has been or will be made or entered into which would conflict with this Assignment.

The Assignors hereby authorize the insertion on this Assignment of the serial number(s) and filing date(s) of said application(s) when known.

The Assignors hereby authorize the Commissioner of Patents and Trademarks, or any official whose duty it is to issue patents, to issue a Letters Patent on sald application(s), and on any and all divisions, continuations, renewals, reissues, reexaminations, continuations-in-part and extensions thereof to Assignee in accordance herewith. It is the express wish of the parties that this Assignment be drafted in the English language. C'est la volonté expresse des parties que cette cession soit rédigée en langue anglaise.

SIGNED this 25 day of of (month)  WITNESS:  CAPPACTORIA  Full Name: Vanosa Kairaza	ASSIGNOR:  Serge MOFFETT
SIGNED this day of(day) (month)  WITNESS:	(year) ASSIGNOR:
Full Name:	Dominic MELANÇON
SIGNED this day of (month)	(year) ASSIGNOR:
Full Name:	H. Uri SARAGOVI

SIGNED this	d d	ay of	(month)	(year)		
WITNESS:	(ddy)		(mondy	ASSIGNOR:		
Full Name:					Phil GOLD	
SIGNED this	d	ay of	(month)	(year)		
WITNESS:				ASSIGNOR:		
Full Name:			. ,	A	Claudio CUELLO	
		RE	AD and /	APPROVED		
	SIGNED this	/2 (day)/	day of	Jime (month)	2012 (year)	
	PROSCAN RX F	HARMAINC.	de	152 6MI		



# **ASSIGNMENT**

For good and valuable consideration, we (hereinafter referred to as "Assignors"):

Full Name of Assignors	CITY	STATE OR PROVINCE AND COUNTRY
Serge MOFFETT	St-Laurent	Québec, CANADA
Dominic MELANÇON	Blainville	Québec, CANADA
H. Url SARAGOVI	Montréal	Québec, CANADA
Phil GOLD	Westmount	Québec, CANADA
A. Claudio CUELLO	Westmount	Québec, CANADA

hereby assign, vest and transfer (and/or confirm such assignment, vesting or transfer) to:

Full Name of Assignee	Business Address
PROSCAN RX PHARMA INC.	5800 Royalmount, Montréal, Québec, H4P 1K5, CANADA

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SIGNED this	day of			
(da	<del>y)</del>	(month)	(year)	
WITNESS:			ASSIGNOR:	
Full Name:			Serge MOFFETT	
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SIGNED this 28 (da	day of	(month)	2011- (year)	
WITNESS:		4	ASSIGNOR:	
fullel	ON THE	2.	Dominic MELANÇON	
Full Name:				
SIGNED this	day of		and the second s	
(da	ay)	(month)	(year)	
WITNESS:			ASSIGNOR:	
			H. Uri SARAGOVI	
Full Name:				

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	(day)		(month)	(year)	
WITNESS:				ASSIGNOR:	
Full Name:					Phil GOLD
SIGNED this	(day)	day of	(month)	(year)	-
WITNESS:				ASSIGNOR:	
				A	. Claudio CUELLO
Full Name:					
		R	EAD and A	APPROVED	
	SIGNED	this 12 (day)	day of	Jimi (month)	
	PROSCAN	RX PHARMA IN	C.,		



### <u>ASSIGNMENT</u>

For good and valuable consideration, we (hereinafter referred to as "Assignors"):

FULL NAME OF ASSIGNORS	CITY	STATE OR PROVINCE AND COUNTRY
Serge MOFFETT	St-Laurent	Québec, CANADA
Dominic MELANÇON	Blainville	Québec, CANADA
H. Uri SARAGOVI	Montréal	Québec, CANADA
Phil GOLD	Westmount	Québec, CANADA
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SIGNED this _		day of _	((b)	(year)	
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				Serge MOFFETT	
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Full Name:				Dominic MELANÇON	
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Full Name:	15 del	Alba Go	las García		

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	, <u>, , , , , , , , , , , , , , , , , , </u>			Phil GOLD	
Full Name:	7	<u> </u>	***	و المستقد المداه و الأسار المستدالين	
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			A	A. Claudio CUEL	LO
Full Name:					
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Per:



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	(day)	<del></del>	(month)	(year)
WITNESS:				ASSIGNOR:
Full Name:				Serge MOFFETT
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SIGNED this _	(day)	al a . <b></b>	(month)	(year)
WITNESS:	, ,,			ASSIGNOR:
				Dominic MELANÇON
Full Name:				
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WITNESS:				ASSIGNOR:
	-1			H. Uri SARAGOVI
Full Name:				•

SIGNED this	SECOND day	of Noverbery (month)	/ \	
WITNESS:	Ju /	( .	ASSIGNOR:	ged-
Full Name: <u>S</u>	HELLEY NAT	TOVITCH		Phil GOLD
SIGNED this	day	y of (month)	(year)	
WITNESS:			ASSIGNOR:	
Full Name:				. Claudio CUELLO
		READ and A	APPROVED	
	SIGNED this _	day of (day)	(month)	2012 (year)
	PROSCAN RX PH	ARMA INC.		
	Per: / C	INCAT &	CEO	<del></del>



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SIGNED this		day of			
	(day)		(month)	(year)	
WITNESS:				ASSIGNOR:	
Full Name:					Serge MOFFETT
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SIGNED this		day of	(month)		
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WITNESS:				ASSIGNOR:	
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Full Name:					•
SIGNED this _		day of			• • • • • • • • • • • • • • • • • • •
	(day)		(month)	(year)	
WITNESS:				ASSIGNOR:	
A				<u> </u>	I. Uri SARAGOVI
Full Name:					

SIGNED this	day of	(month)	(year)		
WITNESS:	,	,	ASSIGNOR:		
Full Name:				Phil GOLD	
SIGNED this	/doug	October (month)	2011 (year)		
WITNESS:	In Driveok	e	ASSIGNOR:	gf_	
Full Name:	A. Claudro			A. Claudio CUELLO	
	R	EAD and Al	PPROVED		
	SIGNED this 12 (day)	day of 🥿	WHE (month)	WIZ (year)	
	PROSCAN RX PHARMA IN	£			
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