

## PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Huyen Cao	04/20/2010
RECEIVING PARTY DATA	
Name:	THE GENERAL HOSPITAL CORPORATION
Street Address:	55 Fruit Street
City:	Boston
State/Country:	MASSACHUSETTS
Postal Code:	02114
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12782659
CORRESPONDENCE DATA	
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Address Line 2:	Nixon Peabody LLP
Address Line 4:	Boston, MASSACHUSETTS 02110
ATTORNEY DOCKET NUMBER:	002806-054511-DIV
NAME OF SUBMITTER:	Susanna C. Benn
Total Attachments: 3 source=002806-054511-DIV Assignment - MGH#page1.tif source=002806-054511-DIV Assignment - MGH#page2.tif source=002806-054511-DIV Assignment - MGH#page3.tif	

CH \$40.00 12782659

## ASSIGNMENT

WHEREAS, I, Huyen Cao, a United States citizen residing at 44 Eastwood Drive, San Francisco, CA 94112; have invented certain new and useful improvements in **METHODS AND DELIVER OF EXOGENOUS PROTEINS TO THE CYTOSOL AND USES THEREOF**, for which I have executed an application for Letters Patent in the United States under U.S. Serial No. 10,473,190 filed February 17, 2004 naming us as inventors, claiming priority under 35 U.S.C. §371 to International Application PCT/US02/09680 filed March 28, 2002 which claims benefit under 35 U.S.C. §119(e) to U.S. Provisional Applications 60/279,366 filed March 28, 2001.

AND WHEREAS, The General Hospital Corporation, with its principal place of business at 55 Fruit Street, Boston, MA 02114, desires to acquire the entire right, title and interest in and to the said improvements and the said Application;

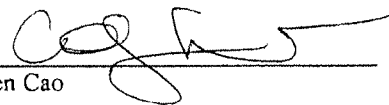
NOW, THEREFORE, for good and valuable consideration, including salary or payment for the making of inventions, or employee benefits, the receipt of which is hereby acknowledged, I, the said inventor, do hereby acknowledge that I have sold, assigned, transferred and set over, and by these presents do hereby sell, assign, transfer and set over, unto the said The General Hospital Corporation, its successors, legal representatives and assigns, the entire right, title and interest throughout the world in, to and under the said improvements, and the said application and all divisions, renewals and continuations thereof, and all Letters Patent of the United States which may be granted thereon and all reissues and extensions thereof, and all rights of priority under International Conventions and applications for Letters Patent which may hereafter be filed for said improvements in any country or countries foreign to the United States, and all Letters Patent which may be granted for said improvements in any country or countries foreign to the United States and all extensions, renewals and reissues thereof; and I hereby authorize and request the Commissioner of Patents of the United States, and any Official of any country or countries foreign to the United States, whose duty it is to issue Patents on applications as aforesaid, to issue all Letters Patent for said improvements to the said The General Hospital Corporation, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND I HEREBY covenant and agree that I will communicate to the said The General Hospital Corporation, its successors, legal representatives and assigns, any facts known to us respecting said improvements and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid the said The General Hospital Corporation, its successors, legal representatives and assigns, to obtain and enforce proper patent protection for said improvements in all countries.

The undersigned hereby grant the law firm of Nixon Peabody LLP of 100 Summer Street, Boston, Massachusetts 02110-2131, U.S. the power to insert on this Assignment any further identification which may be necessary or desirable in order to comply with the rules of the U.S. Patent and Trademark, Office for recordation of this document.

IN TESTIMONY WHEREOF, I, Huyen Cao, hereunto set my signature this

20 day of April, 2010.

  
Huyen Cao

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ SS:

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me personally came the above-named Huyen Cao, to me personally known as the individual who executed the same of his/her own free will for the purposes therein set forth.

Please see attached  
Notary Public

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Francisco

On 4/20/10 before me, Navjot Mehat  
(Here insert name and title of the officer)

personally appeared Huyen Cao

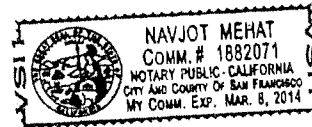
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),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

(Notary Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Assignment  
(Title or description of attached document)  
us Patent  
(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

(Additional information)

### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document 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).
- 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 /are) 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 county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document