

02-21-2001



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2-17-01

RECORDATION FORM COVER SHEET

TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID#
- Correction of PTO Error  
Reel #  Frame #
- Corrective Document  
Reel #  Frame #

Conveyance Type

- Assignment  License
  - Security Agreement  Nuc Pro Tunc Assignment
  - Merger
  - Change of Name
  - Other
- Effective Date  
Month Day Year  
January 30 2001

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date  
Month Day Year  
January 30 2001

Formerly

2400347

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other
- Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

Zip Code

- Individual  General Partnership  Limited Partnership
- Corporation
- Association
- Other
- Citizenship/State of Incorporation/Organization

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

FOR OFFICE USE ONLY

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments. #

**Trademark Application Number(s) or Registration Number(s)**  Mark if additional number attached

Enter either the trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2,400,347"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties Enter the total number of properties involved. #

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes  No

**Statement and Signature**

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy of the original document. Charges to deposit account are authorized, as indicated herein.

Deborah Bailey-Wells  
Name of Person Signing

  
Signature

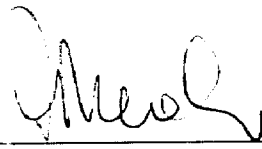
2-1-2001  
Date Signed

**ASSIGNMENT**

MATTHIAS RATH, INC. a California corporation, having its principal place of business at Post Office Box 6290000, El Dorado Hills, CA 95762, has adopted and used ZELLULAR MEDIZIN, which is registered in the United States Patent & Trademark Office as Reg. No. 2,400,347, dated OCTOBER 31, 2000,

Whereas MATTHIAS RATH, M.D., an individual, having his principal place of business at AMBACHTSTRAAT 20, NL-7609 KL ALMELO, NETHERLANDS is desirous of acquiring said mark and the registration thereof;

Now, therefore, for good and valuable consideration, receipt of which is hereby acknowledged, said MATTHIAS RATH, INC. does hereby assign unto said MATTHIAS RATH, M.D., the mark in the above-identified registration as part of the entire business or portion thereof to which the mark pertains as required by 15 U.S.C. § 1060.



\_\_\_\_\_  
Signature

ALEKSIANDRA NIEDZWIECKI, Ph.D

Name

VICE PRESIDENT

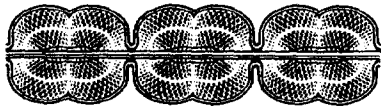
Title

1-30-2001

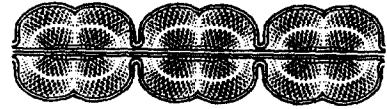
Date

**PLEASE NOTARIZE DOCUMENT.**

CALIFORNIA



ALL-PURPOSE



ACKNOWLEDGEMENT

STATE OF CALIFORNIA )

COUNTY OF SANTA CLARA )

On Jan, 30, 2001 before me, Martha Best, Notary Public,  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared, Alekdsandra Niedzwiecki, Ph.D.

personally known to me (or 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.

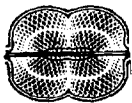
WITNESS my hand and official seal.

*Martha Best*

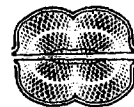
(SEAL)



NOTARY PUBLIC SIGNATURE



OPTIONAL INFORMATION



TITLE OR TYPE OF DOCUMENT ASSIGNMENT - TRADEMARK (Reg. No. 2,400,347)

DATE OF DOCUMENT January 30, 2001 NUMBER OF PAGES One

SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_