

02-20-2007

U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office



103373592

To the Director of the U.S. Patent and

Documents or the new address(es) below.

**1. Name of conveying party(ies):**

Andrew E. Levin, d/b/a Immunetics Company

- ☒ Individual(s) ☐ Association  
☐ General Partnership ☐ Limited Partnership  
☐ Corporation-State: \_\_\_\_\_  
☐ Other \_\_\_\_\_

Citizenship (see guidelines) U.S.A.

Additional name of conveying party(ies) attached? ☐ Yes ☒ No

**2. Name and address of receiving party(ies)** ☐ Yes

Additional names, addresses, or citizenship attached? ☒ No

Name: Immunetics, Inc.

Internal

Address: \_\_\_\_\_

Street Address: 27 Drydock Avenue

City: Boston

State: Massachusetts

Country: U.S.A.

Zip: 02210

- ☐ Association Citizenship \_\_\_\_\_  
☐ General Partnership Citizenship \_\_\_\_\_  
☐ Limited Partnership Citizenship \_\_\_\_\_  
☒ Corporation Citizenship \_\_\_\_\_  
☐ Other \_\_\_\_\_ Citizenship \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached: ☐ Yes ☐ No  
(Designations must be a separate document from assignment)

**3. Nature of conveyance )/Execution Date(s):**

Execution Date(s) February 12, 2007

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other \_\_\_\_\_

**4. Application number(s) or registration number(s) and identification or description of the Trademark.**

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1,428,259

Additional sheet(s) attached? ☐ Yes ☒ No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

IMMUNETICS

**5. Name and address of party to whom correspondence concerning document should be mailed:**

Name: Garrett C. Donley

Internal Address: \_\_\_\_\_

Street Address: P.O. Box 828

City: Bloomfield Hills

State: Michigan

Zip: 48303

Phone Number: 248-641-1600

Fax Number: 248-641-0270

Email Address: donley@hdp.com

**6. Total number of applications and registrations involved:**

1

**7. Total fee (37 CFR 2.6(b)(6) & 3.41)**

\$ 40

- ☐ Authorized to be charged by credit card  
☐ Authorized to be charged to deposit account  
☒ Enclosed

**8. Payment Information**

- a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
b. Deposit Account Number \_\_\_\_\_  
Authorized User Name \_\_\_\_\_

02/20/2007 LMUELLER 00000002 1428259

40.00 0P

**9. Signature :**

01 FC:8521

February 12, 2007

Signature

Date

Garrett C. Donley

Total number of pages including cover sheet, attachments, and document:

2

Name of Person Signing

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

TRADEMARK  
REEL: 003486 FRAME: 0726

ASSIGNMENT OF U.S. TRADEMARK REGISTRATION NO. 1,428,259

WHEREAS, Andrew E. Levin, d/b/a/ Immunetics Company, of 27 Drydock Avenue, Boston, Massachusetts 02210, has adopted and used a trademark which is registered in the United States Patent and Trademark Office, U.S. Trademark Registration No. 1,428,259, granted February 10, 1987; and

WHEREAS, Immunetics, Inc., a corporation under the laws of the State of Massachusetts, with offices at 27 Drydock Avenue, Boston, Massachusetts 02210, is desirous of acquiring said mark and the registration thereof;

NOW THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, said Andrew E. Levin, d/b/a/ Immunetics Company, does hereby assign unto said Immunetics, Inc., all rights, title and interest in and to the mark, together with the good will of the business symbolized by the mark, and the above-identified registration thereof.

Andrew E. Levin

Andrew E. Levin  
d/b/a/ Immunetics Company

State of Massachusetts       )  
                                          ) ss  
County of \_\_\_\_\_)

On this \_\_\_\_\_ day of February, 2007, before me appeared Andrew E. Levin, the person who executed this instrument on his own behalf and who, upon being sworn, acknowledged that he has executed this instrument as his free act and deed.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_ County, Massachusetts  
My commission expires: \_\_\_\_\_

SEAL