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SUPERINTENDENCIA DE INDUSTRIA Y COMERCIO  
DIVISION DE NUEVAS CREACIONES

E. S. D.

Ref.: Expediente No. 11.095.069  
Solicitud de Patente a nombre de  
**CHIESI FARMACEUTICI S.P.A**

Yo, DILIA MARÍA RODRÍGUEZ D´ALEMAN, identificada como aparece al pie de mi firma, domiciliada en la Carrera 11 No. 86-53, piso 6, obrando como apoderada de la sociedad **CHIESI FARMACEUTICI S.P.A**, domiciliada en Parma, Italia solicitantes de la patente de la referencia, atentamente me permito presentar:

1. Copias simple de la forma PCT/IB/306 expedida por la oficina internacional de patentes, en donde consta el cambio de solicitante en fase internacional.

Señor Superintendente,

DILIA MARÍA RODRÍGUEZ D´ALEMAN  
C.C. 41.654.882 de Bogotá.  
T.P. 20824 CSJ

# PCT

(PCT Rule 92*bis*.1 and  
Administrative Instructions, Section 422)

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|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| Date of mailing (day/month/year)<br>02 September 2011 (02.09.2011) |                                                                            |
| Applicant's or agent's file reference<br>SCB 1352 PCT/FM/cgr       | IMPORTANT NOTIFICATION                                                     |
| International application No.<br>PCT/GB2010/050092                 | International filing date (day/month/year)<br>22 January 2010 (22.01.2010) |

|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  |                                                                               |                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------|
| 1. The following indications appeared on record concerning:                                                                                                                                                                   |                                                                                                                                                                                                                                                                                  |                                                                               |                                                    |
| <input checked="" type="checkbox"/> the applicant                                                                                                                                                                             | <input type="checkbox"/> the inventor                                                                                                                                                                                                                                            | <input type="checkbox"/> the agent                                            | <input type="checkbox"/> the common representative |
| Name and Address<br>PULMAGEN THERAPEUTICS (INFLAMMATION) LIMITED<br>Fulmer Hall<br>Windmill Road<br>Fulmer<br>Slough SL3 6HD<br>United Kingdom                                                                                |                                                                                                                                                                                                                                                                                  | State of Nationality<br><b>GB</b>                                             | State of Residence<br><b>GB</b>                    |
|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  | Telephone No.                                                                 |                                                    |
|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  | Facsimile No.                                                                 |                                                    |
|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  | E-mail address                                                                |                                                    |
| 2. The International Bureau hereby notifies the applicant that the following change has been recorded concerning:                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                               |                                                    |
| <input checked="" type="checkbox"/> the person                                                                                                                                                                                | <input type="checkbox"/> the name                                                                                                                                                                                                                                                | <input type="checkbox"/> the address                                          | <input type="checkbox"/> the nationality           |
| <input type="checkbox"/> the residence                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                  |                                                                               |                                                    |
| Name and Address<br>CHIESI FARMACEUTICI S.p.A.<br>Via Palermo, 26/A<br>43100 Parma<br>Italy                                                                                                                                   |                                                                                                                                                                                                                                                                                  | State of Nationality<br><b>IT</b>                                             | State of Residence<br><b>IT</b>                    |
|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  | Telephone No.                                                                 |                                                    |
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| 3. Further observations, if necessary:<br>Following an assignmetn, the person identified in Box 2 has been added as applicant for all designated States except US.<br>The person in Box 1 should be deleted from the records. |                                                                                                                                                                                                                                                                                  |                                                                               |                                                    |
| 4. A copy of this notification has been sent to:                                                                                                                                                                              |                                                                                                                                                                                                                                                                                  |                                                                               |                                                    |
| <input type="checkbox"/> the receiving Office<br><input type="checkbox"/> the International Searching Authority<br><input type="checkbox"/> the Authority(ies) specified for supplementary search                             | <input type="checkbox"/> the International Preliminary Examining Authority<br><input checked="" type="checkbox"/> the designated Offices concerned<br><input type="checkbox"/> the elected Offices concerned<br><input checked="" type="checkbox"/> other: PULMAGEN THERAPEUTICS |                                                                               |                                                    |

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| <p>The International Bureau of WIPO<br/>34, chemin des Colombettes<br/>1211 Geneva 20, Switzerland</p> | <p>Authorized officer</p> <p style="text-align: right;">Doherty Fiona</p> |
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