

Clarke, Modet & C^o
COLOMBIA

ESCOBAR - URIBE ASOCIADOS
Intellectual Property

3063/PCT.

SUPERINTENDENCIA DE INDUSTRIA Y COMERCIO
DIVISION DE NUEVAS CREACIONES
E. S. D.

Ref.: Expediente No. 07-045.772
Solicitud de Patente a nombre de
Alza Corporation

SUPERINTENDENCIA DE INDUSTRIA Y COMERCIO



No. 07-045772- -00002-0000

Fecha 2007-09-07 16:32:31 Dep. 2020 NUECREACIONE
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Act 444 RESPUESTAREQUE Folios: 8

Yo, JIMENA ESCOBAR URIBE, identificada como aparece al pie de mi firma, domiciliada en la carrera 11 No. 86-53, piso 6, obrando como apoderada de la sociedad **Alza Corporation**, domiciliada en Mountain View California, Estados Unidos de América, solicitante de la patente de la referencia, en respuesta al oficio No. 8500 notificado por fijación en lista el día 13 de julio de 2007, me permito presentar los documentos (2) en que constan la cesión del derecho a la patente otorgada por los inventores a favor de mi mandante.

Sobre el particular, es importante resaltar que de conformidad con las normas legales vigentes, artículo 1 de la Resolución 210 de 2001, expedida por el Superintendente de Industria y Comercio y artículo 2 de la Convención de la Haya, el documento en inglés que se pretenda aportar como parte de los trámites de propiedad industrial ante la Superintendencia de Industria y Comercio no requieren traducción. Por otro lado, la legalización consular y/o diplomática de los documentos expedidos en el extranjero no es necesaria. Por lo tanto, los documentos de cesión anexos a este memorial son válidamente presentados en idioma inglés y con la correspondiente Apostilla.

Espero con esto haber dado cabal cumplimiento a lo solicitado por ese despacho y de conformidad con lo indicado en los artículos 3º, inciso 3; 35, inciso 2 y 59, inciso 2 del CCA, al analizar este memorial, atentamente ruego se traten todas las cuestiones planteadas con motivo del mismo.

Señor Superintendente,


JIMENA ESCOBAR URIBE
C.C. 39.779.452 de Usaquén
T.P. 68228
Cód. 5376

ALZ 5163 PCT 1 CO(L)

ASSIGNMENT

TRESPASO

The undersigned
NAME OF INVENTOR(S)

Abajo firmado

SAMUEL ZALIPSKY
FRANCIS MARTIN

Samuel Zalipsky
Francis Martin
domiciliado en

Domiciled in
ADDRESS OF INVENTOR(S)
1202 TRUMAN STREET, REDWOOD CITY,
CALIFORNIA 94061
160 SAN FERNANDO WAY,
SAN FRANCISCO, CALIFORNIA 94127

1202 Truman Street, Redwood City
California 94061
160 San Fernando way,
San Francisco California 94127

Hereby state under oath to be the sole and true
inventor of

decla bajo juramento ser unico y verdadero inventor
de

**LIPOSOMAL FORMULATION OF
BORTEZOMIB (PS-341)**

"Formulación liposomal de
Bortezomib (PS-341)"

State as well that he/she/they assign, without
reservations or limitation, in favor of

declar asimismo que ced y transf sin reserva ni
limitacion, a favor de

ALZA CORPORATION

Alza Corporation

la sociedad organizada y existente de conformidad
con las leyes de

a corporation organized and existing under the laws
of **DELAWARE**

Delaware
domiciliada en

Domiciled in
1900 CHARLESTON ROAD
MOUNTAIN VIEW, CALIFORNIA 94039

all rights inherent to said invention, and that the
above mentioned corporation hereby is enabled to
apply, in its name, for the corresponding patnet in
the Republic of Colombia.

todos los derechos inherentes a dicha invencion y
que la citada sociedad queda facultada para solicitar
en su nombre la patente correspondiente en la
Republica de Colombia.

Samuel Zalipsky

Francis Martin

CERTIFICADO NOTARIAL (INDIVIDUO)

A los dias del mes de
de 19 , compareci personalmente ante mi,
Notario Publico,

a quien doy fe de conocer y me consta que la
persona descrita y firmante del documento que
precede, declarando ante mi que otorga el
mismo para los fines y propositos que en el se
expresan.

NOTARIO PUBLICO

NOTARIAL CERTIFICATE (INDIVIDUAL)

On this , personally appeared before
me, a Notary Public,

to me known and known to me to be the person
described in and who executed the foregoing
document, and he/she duly acknowledged to me that
he/she executed the same for the uses and purposes
therein expressed.

NOTARY PUBLIC
STATE OF
COUNTY OF
My commission expires:

NOTARY SEAL

CERTIFICADO NOTARIAL (INDIVIDUO)

A los dias del mes de
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Notario Publico,

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precede, declarando ante mi que otorga el
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expresan.

NOTARIO PUBLICO

NOTARIAL CERTIFICATE (INDIVIDUAL)

On this *August 23 2007*, personally appeared before
me, a Notary Public,

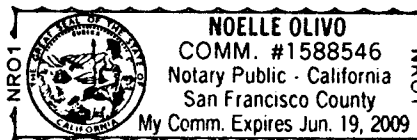
Francis Martin

to me known and known to me to be the person
described in and who executed the foregoing
document, and he/she duly acknowledged to me that
he/she executed the same for the uses and purposes
therein expressed.

N. Olivo

NOTARY PUBLIC - *Noelle Olivo*
STATE OF *California*
COUNTY OF *San Francisco*
My commission expires: *June 19, 2009*

NOTARY SEAL



68

State of California

SECRETARY OF STATE

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: *United States of America*
This public document
2. *has been signed by Noelle Olivo*
3. *acting in the capacity of Notary Public, State of California*
4. *bears the seal/stamp of Noelle Olivo, Notary Public,*
State of California

CERTIFIED

5. *At Sacramento, California*
6. *the 30th day of August 2007*
7. *by Deputy Secretary of State, State of California*
8. *No. 434750*
9. *Seal/Stamp:*

10. Signature



Jana Bowen
Secretary of State

[Signature]



69

State of California

SECRETARY OF STATE

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

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This public document
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4. *bears the seal/stamp of Noelle Olivo, Notary Public,
State of California*

CERTIFIED

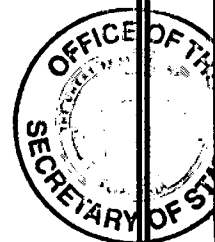
5. *At Sacramento, California*
6. *the 30th day of August 2007*
7. *by Deputy Secretary of State, State of California*
8. *No. 434749*
9. *Seal/Stamp:*

10. Signature



Jenna Bowen
Secretary of State

Peter Allen



State of California

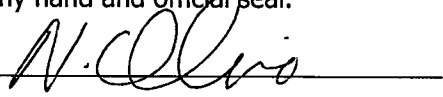
County of San Francisco

On August 23, 2007 before me, Noelle Olivo a Notary Public in and for said State, personally appeared
Francis Martin

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.

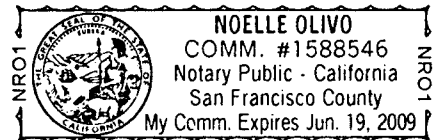
Signature



Name: Noelle Olivo

(typed or printed)

(Seal)



ASSIGNMENT

TRESPASO

The undersigned
NAME OF INVENTOR(S)

SAMUEL ZALIPSKY
FRANCIS MARTIN

Domiciled in
ADDRESS OF INVENTOR(S)
1202 TRUMAN STREET, REDWOOD CITY,
CALIFORNIA 94061
160 SAN FERNANDO WAY,
SAN FRANCISCO, CALIFORNIA 94127

Hereby state under oath to be the sole and true
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**LIPOSOMAL FORMULATION OF
BORTEZOMIB (PS-341)**

State as well that he/she/they assign, without
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a corporation organized and existing under the laws
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Domiciled in
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Samuel Zalipsky
Samuel Zalipsky

Abajo firmado

Samuel Zalipsky
Francis Martin

domiciliado en

102 Truman Street, Redwood City,
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con las leyes de

Delaware

domiciliada en

1900 Charleston Road
Mountain View, California
94039

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que la citada sociedad queda facultada para solicitar
en su nombre la patente correspondiente en la
Republica de Colombia.

Francis Martin

CERTIFICADO NOTARIAL (INDIVIDUO)

A los dias del mes de
de 19 , compareci personalmente ante mi,
Notario Publico,

a quien doy fe de conocer y me consta que la
persona descrita y firmante del documento que
precede, declarando ante mi que otorga el
mismo para los fines y propositos que en el se
expresan.

NOTARIO PUBLICO

NOTARIAL CERTIFICATE (INDIVIDUAL)

On this , personally appeared before
me, a Notary Public,

to me known and known to me to be the person
described in and who executed the foregoing
document, and he/she duly acknowledged to me that
he/she executed the same for the uses and purposes
therein expressed.

NOTARY PUBLIC
STATE OF
COUNTY OF
My commission expires:

NOTARY SEAL

CERTIFICADO NOTARIAL (INDIVIDUO)

A los dias del mes de
de 19 , compareci personalmente ante mi,
Notario Publico,

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to me known and known to me to be the person
described in and who executed the foregoing
document, and he/she duly acknowledged to me that
he/she executed the same for the uses and purposes
therein expressed.

NOTARY PUBLIC
STATE OF
COUNTY OF
My commission expires:

NOTARY SEAL

72

State of California

SECRETARY OF STATE

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America
This public document
2. has been signed by Amy F. Alwine
3. acting in the capacity of Notary Public, State of California
4. bears the seal/stamp of Amy F. Alwine, Notary Public,
State of California

CERTIFIED

5. At Sacramento, California
6. the 22nd day of August 2007
7. by Deputy Secretary of State, State of California
8. No. 431188
9. Seal/Stamp:

10. Signature



Jana Bowen
Secretary of State

Adam



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

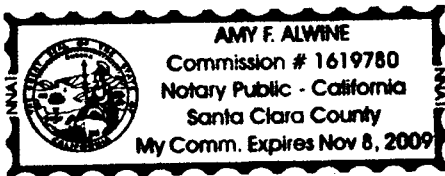
County of Santa Clara } ss.

On July 31, 2007 before me, Amy F. Alwine,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Samuel Zalipsky
Name(s) of Signer(s)

☒ personally known to me
☐ 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.

Amy F. Alwine
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Assignment

Document Date: No date Number of Pages: 1

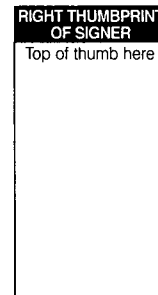
Signer(s) Other Than Named Above: No other signers

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
- ☐ Corporate Officer — Title(s): _____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney-in-Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer Is Representing: _____



ATE