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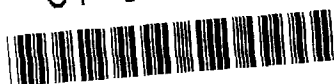
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FORM PTO-1595 U.S.

OMB No. 0651-0011 (exp. 4/94)



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DEPARTMENT OF COMMERCE
Patent and Trademark Office

To the Assistant Commissioner for Patents : Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Loeb Health Research Institute at the Ottawa HospitalAdditional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

☐ Assignment☐ Merger☐ Security Agreement☒ Change of Name☐ Other _____Execution Date: September 10, 2001
(effective April 1, 2001)

2. Name and address of receiving party(ies)

Name: Ottawa Health Research Institute

Internal Address:

Street Address:

725 Parkdale Avenue
Ottawa, Ontario
K1Y 4E9 CANADAAdditional name(s) & addresses(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is

A. Patent Application No.(s)

SEE ATTACHED APPENDIX A

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

09082649

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

Name: Maria A. Trevisan

Address: WOLF, GREENFIELD & SACKS, P.C.
Federal Reserve Plaza
600 Atlantic Avenue
Boston, MA 022106. Total number of applications and patents involved: **Four**

7. Total fee (37 CFR 3.41)

\$ 160.00

☒ Enclosed☐ Authorized to be charged to deposit account

The Commissioner is authorized to charge:

8. Deposit Account No: 23/2825

DO NOT USE THIS SPACE

9. Statement and signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Maria A. Trevisan
(Reg. No. 48,207)

November 2, 2001

Name of Person Signing

Signature

Date

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

Mail documents to be recorded with required cover sheet information to:
Box Assignment, Commissioner for Patents,
Washington, D.C. 20231

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APPENDIX A

<u>U.S. Serial No.</u>	<u>Reel/Frame</u>	<u>Recordal Date</u>	<u>Docket No.</u>
09/082,649	010770/0860	04/21/00	C1039/7009
09/325,193	010702/0768	03/20/00	C1039/7025
09/306,281	010477/0705	12/28/99	C1039/7027
09/316,199	011856/0997	06/04/01	C1040/7006

CERTIFICATE

I, the undersigned, DAVID H. HILL, Q.C.

do hereby certify that:

LOEB HEALTH RESEARCH INSTITUTE AT THE OTTAWA HOSPITAL

of

725 Parkdale Avenue, Ottawa, Ontario K1Y 4E9, CANADA

has transferred all of its assets and liabilities to

THE OTTAWA HEALTH RESEARCH INSTITUTE

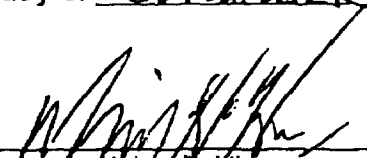
of

725 Parkdale Avenue, Ottawa, Ontario K1Y 4E9, CANADA.

on April 1, 2001 Insert the date of merger

Dated this 10TH day of SEPTEMBER, 2001 Insert the date

(seal)



Notary Public

Signature of Notary Public

Loeb Health Research Institute
at the Ottawa Hospital
725 Parkdale Avenue
Ottawa, Ontario K1Y 4K9 (CA)

Ottawa Health Research Institute
725 Parkdale Avenue
Ottawa, Ontario K1Y 4K9 (CA)

On behalf of Ottawa Health Research Institute, I hereby authorize the authorities concerned to amend the official records in the patent offices worldwide concerning the patent applications listed above to reflect the current name and address of the applicant organization, namely:

Ottawa Health Research Institute
725 Parkdale Avenue
Ottawa, Ontario K1Y 4K9 (CA)

Executed at Ottawa, Ontario (CA)

Date: September 10/2001



Robert Hanlon
Chief Operating Officer
Ottawa Health Research Institute

Sworn before me, a Notary Public in and for the Province of Ontario, Canada by Robert Hanlon,

on this 10th day of September, 2001.

SEAL



name:

Notary Public