

Form PTO-1595 (Rev. 10/02)		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
Tab Settings					
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): James W. Simpkins			2. Name and address of receiving party(ies) Name: <u>University of North Texas Health Science Center</u> Internal Address: _____ _____ Street Address: <u>EAD 806</u> <u>3500 Camp Bowie Blvd</u> City: <u>Fort Worth</u> State: <u>TX</u> Zip: <u>76107</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____					
Execution Dates <u>September 22, 2003</u>					
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) Serial No. 10/405,413; filed April 1, 2003			B. Patent No.(s) _____		
Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Margaret H. Efron</u> Internal Address: <u>Saliwanchik, Lloyd & Saliwanchik</u> <u>A Professional Association</u> _____ Street Address: <u>2421 N.W. 41st Street, Suite A-1</u> _____ City: <u>Gainesville</u> State: <u>FL</u> Zip: <u>32606</u>			6. Total number of applications and patents involved: 1 7. Total fee (37 CFR 3.41) <u>\$ 40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>19-0065</u> (Attach duplicate copy of this page if paying by deposit account)		
DO NOT USE THIS SPACE					
9. Statement and signature. <i>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.</i>					
Margaret H. Efron Name of Person Signing		 Signature		<u>01-19-04</u> Date	
Total number of pages including cover sheet, attachments, and documents: 3 Atty Docket No. UF-300XC1					

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

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Docket No. UF-300XC1

ASSIGNMENT

WHEREAS, I, the undersigned, residing at the indicated address given below, have invented certain new and useful improvements in **Steroidal Quinolns and Their Use for Antioxidant Therapy**, for which an application for United States Letters Patent was

☐ Signed by me as dated below.

☒ filed April 1, 2003, Serial Number 10/405,413.

WHEREAS, the UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER, existing by virtue of the laws of the State of Texas, and having an office at University of North Texas Health Science Center, EAD 806, 3500 Camp Bowie Blvd., Fort Worth, Texas 76107, is desirous of acquiring the entire right, title and interest in and to said invention and in and to any Letters Patent which may be granted therefor in the United States and in any and all foreign countries;

NOW, THEREFORE, in view of my prior employment with the UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER, and other valuable consideration, I, the undersigned, have sold, assigned, and transferred, and by these presents do sell, assign, and transfer, unto said UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER, its successors and assigns, the full and exclusive right to the said invention in the United States and its territorial possessions and in all foreign countries and the entire right, title, and interest in and to any and all Letters Patent which may be granted therefor in the United States and its territorial possessions and in any and all foreign countries and in and to any and all divisions, reissues, continuations, and extensions thereof.

I hereby authorize and request the Patent Office Officials in the United States and in any and all foreign countries to issue any and all of said Letters Patent, when granted, to said UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER, as the assignee of the entire right, title and interest in and to the same, for the sole use and behoof of said UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER, its successors and assigns.

FURTHER, I agree that I will communicate to said UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER, or its representatives, any facts known to me respecting said invention; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuation, substitution, renewal, and reissue applications; execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to said UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER; make all rightful oaths; and generally do everything possible to aid the said UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER, its successors and assigns, to obtain and enforce proper protection for said invention in the United States and in any and all foreign countries.

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PATENT
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Assignment

IN TESTIMONY WHEREOF, I have hereunto set my hand this 22 day of September, 2003.

Signed James W. Simpkins
Address: James W. Simpkins
1150 W 10th Street, #612
Fort Worth, TX 76102

State of Texas)
County of Tarrant)

On this 22ND day of September, 2003 personally appeared before me the above-named JAMES W. SIMPKINS, to me known to me to be the person described in the foregoing instrument, who executed the foregoing instrument, and who acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

Twila K. Moon
Notary Public

My Commission Expires: 8-6-2007

