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3. DEPARTMENT OF COMMERCE FENT AND TRADEMARK OFFICE

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To the Honorable Commissioner of Patents and Trademarks: Please	record the attached original documents or copy thereof.
Name of conveying part(ies):  The Hospital for Sick Children  Additional name(s) of conveying parties attached? □ Yes ☒ No	2. Name and address of receiving part(ies):  Cecil R. Pace-Asciak  Internal Address:
3. Nature of Conveyance:  Assignment Merger  Security Agreement Change of Name Other:  Execution Date: July 22, 2004	Street Address: 218 Rose Park Drive, Apartment #1  City: Toronto, Ontario State: Canada Zip: M4T 1R5  Additional name(s) and address(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)	B. Patent No.(s)
Serial No. 10/416,132  Additional numbers attached? ☐ Yes ☒ No	
Names and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: [1]  7. Total Fec (27 CFR 3.41) \$ 40.00
Name: Holly D. Kozlowski  Internal Address: Dinsmore & Shohl LLP  Street Address: 1900 Chemed Center 255 East Fifth Street  City: Cincinnati State: Ohio Zip: 45202	☐ Enclosed ☐ Please charge the amount of \$40.00 to our Visa credit card account. Form PTO-2038 is attached ☐ Please charge any deficiencies or credit any overpayment to deposit account ☐ Authorization to be charged to deposit account  8. Deposit Account Number:  04-1133
(Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE	
9. Statement and signature.  To the best of my knowledge and belief, the forego is a true copy of the original document.  Holly D. Kozlowski Name of Person Signing, Registration Number  **TELLER 00000823 10416132**  **TELLER 00000823 10416132**  **CERTIFICATE OF MAIL!* I Vereby certify that this paper United States Postal Service we class mail in an envelope addressignment Recordation Service Mail in an envelope and the significance of the content of t	ing information is true and correct and any attached copy

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## **ASSIGNMENT**

is hereby acknowledged,	Dollar (\$1.00) and other good and valuable consideration, receipt of which
I, (We),The He	ospital For Sick Children (name(s) of assignor(s)*
assigner whose full post office address is	
do hereby confirm my(our) sale, assignment	555 University Avenue, Room 5270, Toronto, Ontario M5G 1X8 Canada, t, transfer and setting over and I(we) do hereby sell, assign, transfer and set
over to	Cecil R. Pace-Asciak
	(name(s) of assignee(s)*
assignee(s), whose full post office address i	s 218 Rose Park Drive, Apartment #1, Toronto, Ontario M4T 1R5, Canada
my(our) entire right, title and interest in and	to the following patent applications:
Canadian Patent Application No. 2	,427,774, entitled "INHIBITOR OF THROMBOXANE FORMATION AND
ACTION", filed on November 9, 20	01; and
U.S. Patent Application No 10/416.	,132, entitled "INHIBITORS OF THROMBOXANE FORMATION AND
ACTION", filed on May 8, 2003	, , ,
and any and all Letters Patent which may is divisions, continuations, reissues and extens	nterest in and to said applications, any and all divisional applications thereof, sue for said invention in Canada and the United States, including all sions thereof, and all international priority rights associated therewith all to as the same might have been held by me(us) had this assignment not been
issued as the assignee of (my)our entire righ assignee, its successors, assigns or legal re	•
agree to do all such lawful acts and things a documents, assurances, applications, and o successors, assigns or legal representatives	rselves) and my(our) executors and administrators, hereby covenant and and to execute without further consideration such further lawful assignments, other instruments as may reasonably be required by said assignee, its s, to obtain any and all Letters Patent of Canada and the United States for signee, its successors, assigns or legal representatives.
SIGNED at <u>Toronto</u>	o, Ontario, Canada (place of execution) ————, 2004.
Signature(s) of assignor(s):** The Hospital For Sick Children	
By: Strat Home	- Dano
Name: Stuart Howe, Ph.D Director, Awards & Business D	evelopment Witness <b>()</b>
Title: The Hospital for Sick Children 555 University Avenue	1

**RECORDED: 08/12/2004** 

PATENT REEL: 015743 FRAME: 0624