

PATENT ASSIGNMENT

Electronic Version v1.1

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SUBMISSION TYPE:

NEW ASSIGNMENT

NATURE OF CONVEYANCE:

ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Ju Yun Bae	11/23/2009
Jennifer Van Vleet	11/24/2009

RECEIVING PARTY DATA

Name:	Wisconsin Alumni Research Foundation
Street Address:	614 Walnut Street
Internal Address:	13th Floor
City:	Madison
State/Country:	WISCONSIN
Postal Code:	53726

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	12484714

CORRESPONDENCE DATA

Fax Number: (414)271-5770

*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*

Email: mwolfe@andruslaw.com

Correspondent Name: Meagan McCord Wolfe

Address Line 1: 100 East Wisconsin Avenue

Address Line 2: Suite 1100

Address Line 4: Milwaukee, WISCONSIN 53110

ATTORNEY DOCKET NUMBER:

5671-00029

NAME OF SUBMITTER:

Jill A. Fahrlander

Total Attachments: 4

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ASSIGNMENT  
(Joint Inventors)

I am one of the persons identified as an inventor and who has contributed to a certain new and useful invention (the "Invention"), as set forth in an application for United States Letters Patent, bearing substantially the following title and bearing the following serial number. The application was executed by me, and it was filed on the indicated date:

Title: SUGAR TRANSPORT SEQUENCES, YEAST STRAINS HAVING IMPROVED SUGAR UPTAKE, AND METHODS OF USE

Serial Number: 12/484714

Date Filed: June 15, 2009

The assignee under this agreement is hereby authorized to insert the filing date and serial number referred to above, when ascertained.

For good and valuable consideration, I do hereby sell, assign, and transfer to the Wisconsin Alumni Research Foundation (hereinafter "WARF") a non-stock, non-profit Wisconsin corporation, and to its legal representatives, successors, and assigns, my entire right, title and interest in and to the Invention and to all United States and foreign patent applications any of whose claims cover all or part of the Invention, together with all patents resulting from such applications. WARF shall hold such right, title, and interest as fully and completely as they would have been held by me had this assignment and sale not been made.

I agree, upon WARF's request, to execute or assent to such United States and foreign patent applications and to execute all separate assignments and other legal documents that WARF may find necessary or desirable in its exercise of the right, title, and interest assigned above. I also agree to communicate to WARF any facts relating to the Invention or to any of the patent applications or patents contemplated above that may be useful to WARF and to testify as to such facts in any interferences or in litigation, if requested to do so. I shall do all these things without additional compensation but at no expense to me.

Ref: P08060US  
Wisconsin Alumni Research Foundation

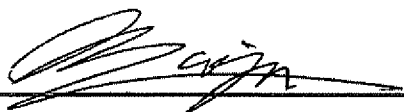
ASSIGNMENT

Wisconsin Alumni Research Foundation

Ref: P08060US

App.#: 12/484714, Filed: June 15, 2009

Inventor: \_\_\_\_\_



Date: \_\_\_\_\_

11/23/09

Ju Yun Bae  
205 Eagle Heights, Apt. H  
Mdison, WI 53705

~~State of Wisconsin~~ )  
 )ss.  
~~County of Dane~~ )

On this 23 day of November, 2009 before me personally appeared Ju Yun Bae, known to me to be the person identified above as the "Inventor," who executed the above instrument and acknowledged to me that he or she executed the same for the uses and purposes therein set forth.

SEAL



Jae-Won Lee

~~Notary Public~~ Witness

My Commission expires: \_\_\_\_\_

ASSIGNMENT  
Wisconsin Alumni Research Foundation  
Ref: P08060US  
App.#: 12/484714, Filed: June 15, 2009

Inventor: Jennifer Van Vleet

Date: 24 Mar 2010

Jennifer Van Vleet

~~134 Lakewood Gardens Lane~~

~~Madison, WI 53726~~

1878 S Can St

Visalia CA 93292 JHL

State of Wisconsin )  
                                  )ss.  
County of Dane )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me personally appeared Jennifer Van Vleet, known to me to be the person identified above as the "Inventor," who executed the above instrument and acknowledged to me that he or she executed the same for the uses and purposes therein set forth.

SEAL

\_\_\_\_\_  
Notary Public

"attached document bears embossment."

My Commission expires: \_\_\_\_\_

**See Attached Certificate**

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of Tulare

On 09/14/10 before me,

Mirnette Sammon Choi (Notary Public)

Here insert Name and Title of the Officer

personally appeared Jennifer Paul West

(Name(s) of Signer(s))

who 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.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature]

Signature of Notary Public

Place Notary Seal Above

**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: \_\_\_\_\_

Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

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

Signer Is Representing: \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER**  
Top of thumb here

Signer's Name: \_\_\_\_\_

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

Signer Is Representing: \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER**  
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