

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Jay R. Knutson	03/17/2011
RECEIVING PARTY DATA	
Name:	The United States of America as represented by the Secretary, Department of Health and Human Services
Street Address:	6011 Executive Boulevard, Suite 325, MSC 7660
Internal Address:	National Institutes of Health, Office of Technology Transfer
City:	Bethesda
State/Country:	MARYLAND
Postal Code:	20892-7660
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	13581107
CORRESPONDENCE DATA	
Fax Number:	5035955301
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	503-595-5300
Email:	ILKA.DALTON@KLARQUIST.COM
Correspondent Name:	KLARQUIST SPARKMAN, LLP (MDJ)
Address Line 1:	121 SW SALMON ST., #1600
Address Line 4:	PORTLAND, OREGON 97204
ATTORNEY DOCKET NUMBER:	4239-84022-05
NAME OF SUBMITTER:	Ilka Dalton
Total Attachments: 3 source=Assignment#page1.tif source=Assignment#page2.tif source=Assignment#page3.tif	

CH \$40.00 13581107

PATENT

RECORDATION FORM COVER SHEET – PATENTS ONLY

DIRECTOR FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA 22313-1450

1. Total number of pages including cover sheet, attachments and document: 3

2. Name of Conveying Party(ies) and Execution Date(s) of Document(s) ☐ Check here if additional name(s) attached
Name(s): Jay R. Knutson, Ph.D.
Execution Date(s): 03/17/2011

3. Name and address of receiving party ☐ Check here if additional name(s) & address(es) are attached
Name The United States of America as represented by the Secretary, Department of Health and Human Services
Address National Institutes of Health
Office of Technology Transfer, Suite 325, MSC 7660
6011 Executive Boulevard
City Bethesda State/Country MD Zip 20892-7660

4. Nature of Conveyance
☒ Assignment ☐ Merger ☐ Security Agreement ☐ Name Change ☐ Other:

5. Total number of applications and patents involved: one

6. Total Fee (37 C.F.R. § 3.41): \$40.00
☒ Fee is submitted herewith deposit account 02-4550 ☐ Fee is enclosed

7. ☒ Check here if any deficiency/overpayment is authorized to be charged to deposit account 02-4550

8. Enter either the Execution date (of the Declaration and Power of Attorney), Application Number, or the Patent Number. Do not enter more than one number for the same patent.

- A. ☐ This document is being filed with a new application. Execution date is: _____
B. ☒ Patent Application No.(s) or Patent No.(s): 13/581,107; filed 08/24/2012
☐ Check here if additional numbers are attached

9. Correspondent's name, address, and telephone number

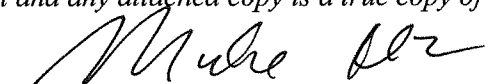
Michael D. Jones, Ph.D.
Klarquist Sparkman, LLP
One World Trade Center, Suite 1600
121 S.W. Salmon Street
Portland, Oregon 97204-2988
Telephone: 503-595-5300
Facsimile: 503-595-5301

10. ☐ Please return the attached postcard to confirm that these items have been received.

11. 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.*

Michael D. Jones, Ph.D.

Name of Person Signing



Signature

October 10, 2012

Date

**ASSIGNMENT FOR NIH/FDA INVENTIONS
(NIH OR FDA CO-INVENTORS ONLY)**

WHEREAS, I, Jay R. Knutson, [hereinafter **The Inventor**], an employee of the National Institutes of Health, a component of the United States Department of Health and Human Services having an address at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, MSC 7660, Bethesda, MD 20892-7660, have made certain inventions as described and claimed in:

U.S. Provisional Patent Application No. 61/308,202, filed on February 25, 2010, entitled "AZICON BEAM POLARIZATION DEVICES," and

PCT Patent Application No. PCT/US2011/025755, filed on February 22, 2011, entitled "AZICON BEAM POLARIZATION DEVICES,"

all of which applications are collectively referred to herein as "the Applications"; and

WHEREAS, I am the applicant named in the above-identified Applications; and

WHEREAS, the inventions described and claimed therein were made under conditions such as to entitle **THE UNITED STATES OF AMERICA, as represented by the Secretary, Department of Health and Human Services** [hereinafter **THE GOVERNMENT**] under Executive Order 10096 and its amendments, 35 U.S.C. §§200-201, §§206-207, and §210 and 37 C.F.R. Part 501 to the entire right, title, and interest in such inventions; and

WHEREAS, THE GOVERNMENT is desirous of acquiring all domestic and foreign right, title, and interest in the inventions described and claimed in the Applications;

NOW, THEREFORE, having the legal obligation to assign my right, title and interest in the inventions described and claimed in the above-identified Patent Applications to **THE GOVERNMENT**, having a place of business at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, MSC 7660, Bethesda, MD 20892-7660 and for consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby assign and transfer to **THE GOVERNMENT**:

the entire right, title, and interest in and to any and all inventions described and claimed in said Applications and any and all Letters Patent which may be granted thereon, and any and all continuations, divisions, reissues or extensions thereof; and

all rights to claim priority on the basis of said Applications including but not limited to applications filed through the provisions of the Patent Cooperation Treaty ("PCT Applications"); and

all applications for Letters Patent that may be filed for any and all inventions described and claimed in said Applications that may be filed in any foreign country and all Letters Patents that may be granted thereon in any foreign country and all extensions, renewals, and reissues thereof; and

any and all such Letters Patents as may be granted in the United States or any foreign country to be held by **THE GOVERNMENT** to the end of the term for which the same would have been held by **The Inventor** had this assignment not been made.

I further agree to make, execute, and deliver to **THE GOVERNMENT**, upon request, any and all papers, documents, affidavits, or other instruments that may be necessary in the prosecution of any application or applications for improvements or reissues of Letters Patent, and to assist **THE GOVERNMENT** in every way as may be requested in protecting said invention. **THE GOVERNMENT** promises to pay any reasonable expenses incurred by **The Inventor** in making, executing and delivering of such papers to **THE GOVERNMENT**.

IN WITNESS WHEREOF we subscribe our hands and seals on the dates shown below:

Inventor Jay R. Knutson

Date 17 March 2011

X
Signature

Jay R. Knutson

County of

Prince George's

State of

MD

Subscribed and sworn to before me this 17th day of March, 2011.

Seal



Mulugeta Tadesse
NOTARY PUBLIC
Prince George's County
State of Maryland
My Commission Expires
05/18/2014

Notary Public for NIH FCU
Mulugeta Tadesse
My Commission Expires:
05/18/2014