502574573 11/19/2013

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT2620485

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
JOHN PESTIAN	05/07/2012
NORBERT WEIDNER	05/16/2012
TRACY A. GLAUSER	05/16/2012
JACQUELINE M. GRUPP-PHELAN	07/13/2012
FRANKLIN O. SMITH	06/04/2012

RECEIVING PARTY DATA

Name:	CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER
Street Address:	3333 BURNET AVENUE
City:	CINCINNATI
State/Country:	ОНЮ
Postal Code:	45229-3039

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	13266272

CORRESPONDENCE DATA

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Signature:	/Stephanie J. Goldman/
Date:	11/19/2013
Total Attachments: 8 source=027324-021501-Assignment-EFS# source=027324-021501-Assignment-EFS# source=027324-021501-Assignment-EFS# source=027324-021501-Assignment-EFS# source=027324-021501-Assignment-EFS# source=027324-021501-Assignment-EFS# source=027324-021501-Assignment-EFS# source=027324-021501-Assignment-EFS# source=027324-021501-Assignment-EFS#	page2.tif page3.tif page4.tif page5.tif page5.tif page6.tif page7.tif

PATENT REEL: 031632 FRAME: 0065

ASSIGNMENT OF PATENT RIGHTS

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged,

Dr. John Pestian	
135 Garfield Place #102	
Cincinnati, Ohio 45202	

Dr. Norbert Weidner	
250 Wood Street	
Batavia, Ohio 45103	

Dr. Tracy A. Glauser	
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Dr. Jacqueline M. Grupp-Phelan	
744 Park Avenue	
Terrace Park, Ohio 45170	

Dr. Franklin O. Smith	NAME OF THE PROPERTY OF THE PR
7859 Keller Road	
Cincinnati, Ohio 45243	

Dr. Robert A. Kowatch	7
700 Children's Drive	-
Columbus, Ohio 43205	A MININA

("Assignor(s)"), hereby sells, assigns, transfers, and conveys unto

Children's Hospital Medical Center
d/b/a/ Cincinnati Children's Hospital Medical Center
having a principal place of business at
3333 Burnet Avenue
Cincinnati, Ohio 45229-3039

("Assignee"), all right, title, and interest that exist today and may exist in the future in and to any and all of the following (collectively, "Rights"):

1. The patent application(s) listed in the following table ("Application(s)");

Patent	Country/	Filing Date	Title
Application No.	Region		
13/266,272	US	Oct. 26, 2011	COMPUTER IMPLEMENTED SYSTEM AND METHOD FOR ASSESSING A NEUROPSYCHIATRIC CONDITION OF A HUMAN SUBJECT

- 2. All inventions claimed and/or capable of being claimed in the Application(s) ("Invention(s)");
- 3. All rights with respect to the Invention(s), including all U.S. patents or other governmental grants or issuances that may be granted with respect to the Invention(s) or from any direct or indirect divisions, continuations, continuations-in-part, or other patent applications claiming priority rights from the Application(s) ("Potential Patents");
- 4. All reissues, reexaminations, extensions, or registrations of the Potential Patents;
- 5. All non-United States patents, patent applications, and counterparts relating to and/or based upon any or all of the Invention(s), the Application(s), and the Potential Patents, including, without limitation, certificates of invention, utility models, industrial design protection, design patent protection, and other governmental grants or issuances (collectively, "Foreign Rights"), and including the right to file foreign applications directly in the name of Assignee, its successors and assigns;
- 6. All rights to claim priority rights deriving from the Application(s);
- 7. All existing and/or potential causes of action and remedies related to any or all of the Application(s), the Invention(s), the Potential Patents, and the Foreign Rights (including, without limitation, the right to sue for past, present, or future infringement, misappropriation or violation of rights related to any of the foregoing and the right to collect royalties and other payments under or on account of any of the foregoing); and
- 8. Any and all other rights and interests arising out of, in connection with, or in relation to the Application(s), the Invention(s), Potential Patents, and the Foreign Rights.

Assignor(s) shall not sign any document or do any act conflicting with this Assignment.

Assignor(s) shall, without further compensation, sign all documents and do such additional acts as Assignee, its successors, legal representatives, and assigns deem necessary or desirable to perfect enjoyment of the Rights, conduct proceedings regarding the Rights (including any prosecution, litigation, or interference proceedings), or perfect or defend title to the Rights.

Assignor(s) requests the respective patent office or governmental agency in each jurisdiction to issue any and all patents, certificates of invention, utility models, or other governmental grants or issuances that may be granted upon any of the Rights in the name of the Assignee, as the assignee to the entire interest therein.

Assignor(s) hereby authorizes and requests the firm of Baker & Hostetler LLP to insert on this Assignment any further identification, including, for example, patent application numbers and filing dates, which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office or foreign jurisdictions for recordation of this document.

The terms and conditions of this Assignment shall inure to the benefit of Assignee, its successors, legal representatives, and assigns and shall be binding upon Assignor(s), their successors, legal representatives and assigns.

[Signature page(s) follow]

By: Dr. John Pestian

NOTARIZATION

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pers	опану арр	eared Dr. Jo	ohn Pestian,	who proved t	to me on the b	asis of	_ <i>&∪&</i> V\$Notary Public f_satisfactory evidence t	į.
that	he/she exe	vnose name cuted the A	ssignment a	ed to the with s a free act ar	m the Assignr id deed.	nent a	nd acknowledged to me	Þ

I certify under PENALTY OF PERJURY under the laws of the State of _______ that

WITNESS my hand and official seal.

the foregoing paragraph is true and correct.

Signature Urlle Bruses

Carole J. Burns

Motary Public. State of Chip

My Commission Expires 08-16-2014

By:					
NOTARIZATION					
STATE OF					
COUNTY OF _//////////					
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WITNESS my hand and official seal. Carole J. Burns Notary Public, State of Orio My Commission Expires 08-16-2014					

Dr. Tracy A. Glauser

NOTARIZATION

STATE OF OHIO	
COUNTY OF HAMMILTON	
On	proved to me on the basis of satisfactory bed to the within the Assignment and
I certify under PENALTY OF PERJURY under t the foregoing paragraph is true and correct.	the laws of the State of <u>OHW</u> that
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By: _______Dr. Jacqueline M. Grupp-Phelan

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STATE OF OMO				
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Signature <u>/////</u>	<u> Yana -</u>		Carde J. Burns Sary Public, State of C Tempolon Expires 04.4	Mio Mana a

By: Dr. Franklin O Smith

NOTARIZATION

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Signature <i>(Mellef Pollula</i>	Carole J. Burns Notary Public, State of Onio My Commission Expires 08-16-20	14
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