

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT2674750

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	AARDVARK MEDICAL, INC.	01/08/2014
RECEIVING PARTY DATA		
Name:	OTOGENIX, INC.	
Street Address:	85 LIBERTY SHIP WAY	
Internal Address:	SUITE 110-B	
City:	SAUSALITO	
State/Country:	CALIFORNIA	
Postal Code:	94965	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	13160858
CORRESPONDENCE DATA		
Fax Number:	(203)327-1096	
Phone:	203-324-6155	
Email:	ccobb@ssjr.com	
<i>Correspondence will be sent via US Mail when the email attempt is unsuccessful.</i>		
Correspondent Name:	DAVID W. ALDRICH	
Address Line 1:	986 BEDFORD STREET	
Address Line 2:	ST. ONGE STEWARD JOHNSTON & REENS LLC	
Address Line 4:	STAMFORD, CONNECTICUT 06905	
ATTORNEY DOCKET NUMBER:	06419-P0001A	
NAME OF SUBMITTER:	DAVID W. ALDRICH	
Signature:	/David W. Aldrich/	
Date:	01/09/2014	
Total Attachments: 1 source=06419-P0001A - Assignment to OtoGenix, Inc#page1.tif		

Patent Assignment

WHEREAS, AARDVARK MEDICAL, INC., a Delaware corporation, having an address at 55 Bolinas Avenue, Ross, CA 94957, (the "ASSIGNOR"), is the owner of the U.S. Patent Application No. 13/160,858, entitled **Methods and Systems for Delivery of Acoustic Energy to Tissue Surfaces, Cavities and Obstructed Passages such as Intranasal Ostia**, filed June 15, 2011, (the "PATENT");

WHEREAS, Otogenix, Inc., a Delaware corporation, with an address of 85 Liberty Ship Way, Suite 110-B, Sausalito, CA 94965, and, together with its successors and assigns (the "ASSIGNEE"), is desirous of acquiring the entire right, title and interest to the PATENT;

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, ASSIGNOR assigns, grants, transfers, and confirms the conveyance, assignment and transfer to ASSIGNEE all right, title and interest in the PATENT, and the right to sue and collect damages for past infringement thereof, along with any continuations, substitutions, divisions, reissues, modifications and extensions of the PATENT.

AARDVARK MEDICAL, INC.

Date: 1/8/14 2014
Location: Sausalito, CA

By: [Signature]
Name: Peter C Baker MD
Title: Clinical Advisor

Notary Statement

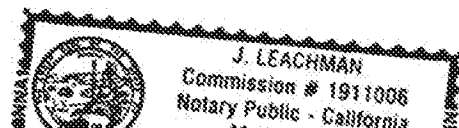
State of CALIFORNIA ss:
County of Marin

On Jan 8, 2014 before me J Leachman (insert Notary Name) personally appeared Peter Baker (insert signatory name) Clinical Advisor (insert title of signatory) of AARDVARK MEDICAL, INC. 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]
(Seal)



PATENT