

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT2881987

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
GIUSEPPE LAFAUCI	05/28/2014
WILLIAM T. BROWN	05/28/2014
RICHARD KASCSAK	05/28/2014
RECEIVING PARTY DATA	
Name:	RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.
Street Address:	RIVERVIEW CENTER, SUITE 301, 150 BROADWAY
City:	MENANDS
State/Country:	NEW YORK
Postal Code:	12204
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14153674
CORRESPONDENCE DATA	
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<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
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Correspondent Name:	BOND, SCHOENECK & KING, PLLC
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ATTORNEY DOCKET NUMBER:	151P016B
NAME OF SUBMITTER:	DAVID L. NOCILLY
SIGNATURE:	/DAVID L. NOCILLY/
DATE SIGNED:	06/03/2014
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 4 source=Dec#page1.tif source=Dec#page2.tif	

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PATENT APPLICATION

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET AND ASSIGNMENT

ATTORNEY DOCKET NO.
151P016B

DECLARATION UNDER 37 CFR 1.63

Title of Invention: **System and Method for Quantifying Fragile X Mental Retardation 1 Protein in Tissue Samples**

As a below named inventor, I hereby declare that:

This declaration is directed to:

The attached application, or

United States application or PCT international application number 14/153674
filed on January 13, 2014

The above-identified application was made or authorized to be made by me. I believe I am the original inventor or an original joint inventor of a claimed invention in the application.

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I am aware of the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby acknowledge that any willful false statement made in this declaration is punishable under 16 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

ASSIGNMENT

WHEREAS, the undersigned inventor(s) has/have made certain new inventions and/or useful improvements in the above-identified application for Letters Patent which is being or has been filed with the United States Patent and Trademark Office.

WHEREAS, **Research Foundation for Mental Hygiene, Inc.**, a private not-for-profit membership corporation formed under the laws of the State of New York, and having an address of Riverview Center, Suite 301, 150 Broadway, Menands, NY 12204, United States of America ("**Assignee**") is desirous of acquiring my entire right, title and interest in the same;

NOW, THEREFORE, BE IT KNOWN that for and in consideration of the sum of one dollar (\$1.00) and other good and valuable consideration to me in hand paid, the receipt of which is hereby duly and fully acknowledged, Assignors **Giuseppe LaFauci, William T. Brown** and **Richard Kasczak** have sold and BY THESE PRESENTS do sell, assign, transfer and set over unto Assignee **Research Foundation for Mental Hygiene, Inc.**, the entire right, title and interest in and to the aforesaid application for Letters Patent, including divisional, continuations, reissues, reexaminations and all foreign patents thereof.

Name of Sole or First

Inventor: **Giuseppe LaFauci**

Inventor's Signature

Mailing Address:

**1050 Forest Hill Road
Staten Island, NY 10314**

5-28-2014
Date


STATE OF NEW YORK)

) ss.:

COUNTY OF Richmond)

On the 28 day of MAY, 2014 in the year 2014 before me, the undersigned, a notary public in and for said State, personally appeared **Giuseppe LaFauci** personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed this instrument.

Notary Public



**JOSEPH J. MATURI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01MA-4626292
Qualified in Richmond County
Commission Expires July 31, 2014**

Name of Sole or First
Inventor: **William T. Brown**

William T. Brown
Inventor's Signature

5/28/14
Date

Mailing Address **1050 Forest Hill Road
Staten Island, NY 10314**

STATE OF NEW YORK
COUNTY OF Richmond) ss.:

On the 28 day of MAY 2014 in the year 2014 before me, the undersigned, a notary public in and for said State, personally appeared **William T. Brown** personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed this instrument.

Joseph J. Maturi
Notary Public

JOSEPH J. MATURI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01MA-4626292
Qualified in Richmond County
Commission Expires July 31, 20 14

Name of Sole or First

Inventor: Richard Kasczak

Richard Kasczak
Inventor's Signature

5/28/14
Date

Mailing Address: 1050 Forest Hill Road
Staten Island, NY 10314

STATE OF NEW YORK)

) ss.:

COUNTY OF Richmond)

On the 28 day of May, 2014 in the year 2014 before me, the undersigned, a notary public in and for said State, personally appeared **Richard Kasczak** personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed this instrument.

Joseph J. Maturi
Notary Public

JOSEPH J. MATURI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01MA-4626292
Qualified in Richmond County
Commission Expires July 31, 2014