

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	Kavitha Sarma	02/06/2014
RECEIVING PARTY DATA		
Name:	THE GENERAL HOSPITAL CORPORATION	
Street Address:	55 FRUIT STREET	
City:	BOSTON	
State/Country:	MASSACHUSETTS	
Postal Code:	02114	
PROPERTY NUMBERS Total: 3		
Property Type	Number	
Application Number:	13921738	
PCT Number:	US2011060493	
PCT Number:	US2011065939	
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SIGNATURE:	/Christine M. Grace/	
DATE SIGNED:	06/19/2014	
Total Attachments: 3		
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ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, Kavitha Sarma, of Waltham, Massachusetts, hereby assign to: THE GENERAL HOSPITAL CORPORATION, a corporation of Massachusetts, having a place of business at 55 Fruit Street, Boston, Massachusetts 02114; and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title, and interest throughout the world in the inventions and improvements which are the subject of and described and/or claimed in any of the following applications:

Applications for U.S. Patent Serial Number 13/921,738, filed on June 19, 2013, entitled "POLYCOMB-ASSOCIATED NON-CODING RNAS"; or PCT Applications Serial Numbers PCT/US2011/060493, filed November 12, 2011, and PCT/US2011/065939, filed December 19, 2011.

This assignment includes said application, any and all United States and foreign patents, utility patents and models, continuations, continuations-in-part, divisionals, reexaminations, reissues, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and this assignment also includes, without limitation, any claims (known or unknown, suspected or unsuspected) of any nature that I have or may have against any party for infringement of any of the patents and patent applications listed herein, and the right to sue for past infringement and to recover and retain damages and profits in respect thereof; and

I authorize the Assignee to apply in all countries in my name or in its own name for patents, utility models, design registrations, and like rights of exclusion and for inventors' certificates for said inventions and improvements; and

I hereby covenant and agree that I will communicate to the Assignee or nominees all facts known to me pertaining to said inventions and improvements, and I agree for myself and my respective heirs, legal representatives, and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, reissues, Preliminary Statements, and other lawful documents, testify in all legal proceedings, make all rightful oaths and declarations, and in general perform or cause to be performed all lawful acts necessary or proper to aid the Assignee or nominees in obtaining, maintaining, and enforcing all lawful patent protection for the inventions and improvements in the United States and in foreign countries; and

I hereby covenant that I have the full right to convey the entire right, title, and interest herein assigned and that I have not executed and will not execute any agreement in conflict herewith.

DATE: 2/6/14

K Sarma
KAVITHA SARMA

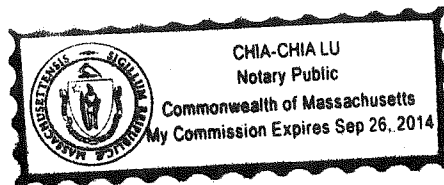
IN WITNESS WHEREOF, I hereto set my hand and seal at Simches, MGH,
this 6 day of February, 20 14

State of Massachusetts :
County of Suffolk : SS.

Before me this 6 day of February, 20 14, personally
appeared Kavitha Sarma known to me to be the person whose name is subscribed
to the foregoing Assignment and acknowledged that she/he executed the same as her/his free act
and deed for the purposes therein contained.

Notary Public

My Commission Expires: Sept. 26, 2014



MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

Gov Exec. Ord. #455 (03-13), §5(d)

Commonwealth of Massachusetts

County of Suffolk } ss.On this the 6 day of February, 2014, before me,CHIA-CHIA LU
Name of Notary Public

the undersigned Notary Public,

personally appeared Kavitha Sarma
Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were

MA. Driver's License
Description of Evidence of Identity

to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(s.)

☐ as partner(s) for _____
Name of Partnership

_____, a partnership.

☐ as _____ for
Title of Office

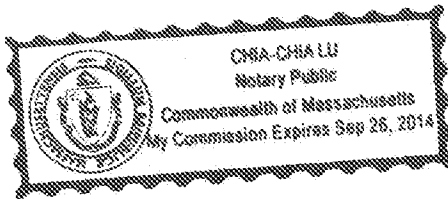
_____, a corporation.

☐ as attorney in fact for _____
Name of Principal Signer

_____, the principal.

☐ as _____ for _____
Type of Capacity_____, a/the _____
Name of Person/Entity Type of Entity

Signature of Notary Public

CHIA-CHIA LU
Printed Name of Notary

Place Notary Seal and/or Any Stamp Above

My Commission Expires Sept 26, 2014**OPTIONAL**

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