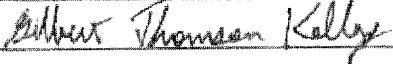


## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT3167246

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
JAMES L. BROWN	03/20/2008
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	DIAGNOSTIC HYBRIDS, INC.
<b>Street Address:</b>	1055 EAST STATE STREET, SUITE 100
<b>City:</b>	ATHENS
<b>State/Country:</b>	OHIO
<b>Postal Code:</b>	45701
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	14557097
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(510)788-8786
<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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<b>NAME OF SUBMITTER:</b>	ABBY EVERSON
<b>SIGNATURE:</b>	/abby everson/
<b>DATE SIGNED:</b>	12/31/2014
<b>Total Attachments: 2</b>	
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Form PTO-1595		RECORDATION FORM COVER SHEET		U.S. Department of Commerce Patent and Trademark Office	
		PATENTS ONLY			
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies):  James L. Brown		2. Name and address of receiving party(ies):  Diagnostic Hybrids, Inc. 1055 East State Street, Suite 100 Athens, Ohio 45701			
Additional name(s) of conveying party(ies) attached? No		Additional name(s) & address(es) attached? No			
3. Nature of conveyance: Assignment Execution Date: 03/20/2008					
4. Title of Invention: Methods of Using Chimeric Receptors to Identify Autoimmune Disease					
A. New Patent Application No.(s): 14/557,097			B. Patent No.(s):		
Additional numbers attached? No					
5. Name and address of party to whom correspondence concerning document should be mailed:  Peter G. Carroll MEDLEN & CARROLL, LLP 1440 Broadway, Suite 510 Oakland, California 94612		6. Total number of applications and patents involved: 1			
		7. Total fee(s): Effective January 01, 2014, as an electronic submission, payment in the amount of \$40 (\$40 Recordation fee) is not submitted.			
		8. Deposit Account Authorization: The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 08-1290.			
DO NOT USE THIS SPACE					
9. Statement and Signature: <i>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.</i>					
Date: December 31, 2014		Signature: 			
		Name: Gilbert Thomson Kelly			
		Reg. No.: 70.988			

