503427808 08/07/2015

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

SUBMISSION TYPE: NEW ASSIGNMENT

EPAS ID: PAT3474441

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
LEE HOANG	08/04/2015
CHRIS SUH	08/04/2015
MARK ABEL	08/07/2015
DOUGLAS T. GJERDE	08/03/2015

RECEIVING PARTY DATA

Name:	PHYNEXUS, INC.
Street Address:	3670 CHARTER PARK DRIVE, SUITE A
City:	SAN JOSE
State/Country:	CALIFORNIA
Postal Code:	95136

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	13023519

CORRESPONDENCE DATA

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Email: skalman@phynexus.com

Correspondent Name: SUE KALMAN

Address Line 1:3670 CHARTER PARK DR., SUITE AAddress Line 4:SAN JOSE, UNITED STATES 95136

ATTORNEY DOCKET NUMBER:	P035.210
NAME OF SUBMITTER:	SUE KALMAN
SIGNATURE:	/Sue Kalman/
DATE SIGNED:	08/07/2015

Total Attachments: 5

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PATENT REEL: 036277 FRAME: 0230

Attorney Docket No.: P035,210

ASSIGNMENT OF PATENT APPLICATION

JOINT

	WHEREAS, Dougla	ns T. Gjerde o	of Saratoga,	CA; Chris	Suh of San	Jose California	Lee
Hoang of Santa	Clara, CA; and Mark	Abel of San	Jose, CA, h	ereinafter re	eferred to as	"Assignors," ar	e the
inventors of the	invention described a	nd set forth in	the below-io	dentified app	olication for	United States L	etters
Patent:							

Title of Invention:	Method and Apparatus for Pipette Tip Columns
Filing Date:	8 February 2011
Application No.:	; and

WHEREAS, PhyNexus, Inc., a California corporation, located at 3670 Charter Park Drive, Suite A, San Jose, California 95136, hereinafter referred to as "ASSIGNEE," is desirous of acquiring an interest in the invention and application and in any U.S. Letters Patent and Registrations which may be granted on the same;

For good and valuable consideration, receipt of which is hereby acknowledged by Assignors, Assignors have assigned, and by these presents do assign to Assignee all right, title and interest in and to the invention and application and to all foreign counterparts (including patent, utility model and industrial designs), and in and to any Letters Patent and Registrations which may hereafter be granted on any patent application claiming priority from the same in the United States and all countries throughout the world, and which claim the priority from the application as provided by the Paris Convention. The right, title and interest is to be held and enjoyed by Assignee and Assignee's successors and assigns as fully and exclusively as it would have been held and enjoyed by Assignors had this Assignment not been made, for the full term of any Letters Patent and Registrations which may be granted thereon, or of any division, renewal, continuation in whole or in part, substitution, conversion, reissue, prolongation or extension thereof.

Assignors further agree that they will, without charge to Assignee, but at Assignee's expense, (a) cooperate with Assignee in the prosecution of U.S. Patent applications and foreign counterparts on the invention and any improvements, (b) execute, verify, acknowledge and deliver all such further papers, including applications and instruments of transfer, and (c) perform such other acts as Assignee lawfully may request to obtain or maintain Letters Patent and Registrations for the invention and improvements in any and all countries, and to vest title thereto in Assignee, or Assignee's successors and assigns.

The undersigned hereby grant to Sue S. Kalman, Registration No. 54,727, the power to insert on this Assignment any further identification which may be necessary or desirable in order to comply with the rules of United States Patent and Trademark Office for recordation of this document.

PATENT REEL: 036277 FRAME: 0231 Assignment

Application No.: 13/023,519

Page 2

IN TESTIMONY WHEREOF, Assignors have signed his/her name on the date indicated.

Dated: 8-3-18 / Janjan 5

Dated: 8-4-15 Lel Hoars

Dated: 8 - 4 - 15 Chris Suh

Dated: 8-7-15 Mark Ahel

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

State of California	
County of Durka Clara	
On \$13\20\5 before me. Jer	nnifier Lynne Veloz, Notary Public
personally appeared Douglas	T. Gierde
who proved to me on the basis of satisfactory es the within instrument and acknowledged to me	vidence to be the person; whose name(s) is we subscribed to that he with executed the same in his Neglikor authorized you the instrument the person(s), or the entity upon behalf of
Litertify under PENALTY OF PERJURY under is true and correct.	the laws of the State of California that the foregoing paragraph
WITNESS my band and official scal.	JENNIFIER LYNNE VELOZ Gommission # 2069319 Notary Public - California # Santa Clara County My Comm. Expires Mar 8, 2018
**************************************	OPTIONAL INFORMATION
/\$8,54,24	
DESCRIPTION OF THE ATTACHED DOCUMENT	INSTRUCTIONS FOR COMPLETING THIS FORM by section telegraph completed in Cultivation may remain pertaining engage as separate actives in the meanty section in a vegation of section from make respectively completed and attracted to min document. The mity extention is also becomes in the immediate of Coltamia in such in terminal any alternative and the production may be recorded and alternative of Coltamia in such a document to long as the verbical sites of reality the mains to document in a section in the section of the collection may be seen to be contained in the section of the collection in the section of the collection of the colle
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Number of Pages 👸 Decament Date 8 315	State and County information must be the State and County where the discharged signamys) personally appeared before the notary public five acknowledgment. That of nonarization must be the date that the authoris's personally appeared entitle.
(Additional interpasses)	must also be the same date the acknowledgment in completed * His today public most print bla or her name as it appears within his or her commission tollowed by a commission tollowed by a commission tollowed by a commission.
	 Print the numers) of document signer(s) who perconally appear at the time of numericanon
CAPACITY CLAIMED BY THE SIGNER	 Indicate the correct singular of plural forms by crossing oil incorrect forms (i.e., by the Boys, is me) or circling the correct forms, United, is correctly indicate this
Individual (See	information may bead to remained of documents recording.
*	 The notary seal impression time be clear and photographmatic representative impression times not cover text or times. It seal impression smudges, research to
i Flife) G Paranon's)	sufficient area permits, otherwise complete a different seknewledgment form. * Shittature of the notary public must match the signature on file with the other of
III Attorneysinsfact	the county clock
Trustec(s)	 Additional information is not required but could refin to ensure this acknowledgment is not reliased or attached to a different decrease.

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acknowledgment is not orithesed or attached in a different document.

Indicate take or type of attached document, mainber of pages and data.

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CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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State of California

County of Sarta Clara

my to the a figure	
On <u>6/04/15</u> before me, <u>Courtre</u>	ey Veloz, Notary Public
~ ~ _	(Here insert name and title of the officer)
personally appeared \[\frac{1}{2} 1	MIS Dorg Yourg Suh
who proved to me on the basis of satisfactory evide	nce 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) o which the person(s) acted, executed the instrument.	n the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under the is true and correct.	laws of the State of California that the foregoing paragraph
	AND CONTRACTOR
WITNESS my hand and official seal.	COURTNEY VELOZ NOTARY PUBLIC - CALIFORNIA COMMISSION # 2069796 SANTA CLARA COUNTY
- (MONAVOR)	My Comm. Exp. May 30, 2018
Signature of Notory Public	(Notary Seal)
ADDITIONAL OPT	TONAL INFORMATION
	INSTRUCTIONS FOR COMPLETING THIS FORM
NECOROTION OF THE CET COURT POCKY OF	Any acknowledgment completed in California must contain verbiage exactly as
DESCRIPTION OF THE ATTACHED DOCUMENT	oppears above in the notary section or a separate acknowledgment form must be
ASSIGNMENT OF QUEEN AND COLON (Title or description of attached document)	properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative
(Title or description of attached document)	- acknowledgment verbiage as may be printed on such a document so lang as the
	verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the
(Title or description of attached document continued) Number of Pages S Document Date & 9.15	document carefully for proper natorial wording and attach this form if required.
Number of Banca 2 (DAM) A AMOCK WELL	State and County information must be the State and County where the document
Number of Pages Document Date & Mills	signer(s) personally appeared before the notary public for acknowledsment.
	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
(Additional information)	* The notary public must print his or her name as it appears within his or her
	commission followed by a comma and then your title (notary public).
,	 Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER	· Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.
☐ Individual (s)	he/she/they is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
☐ Corporate Officer	The notary seal impression must be clear and photographically conroducible
(Title)	Impression must not cover text or lines. If seal impression smudges, re-seal if a
Partner(s)	sufficient area permits, otherwise complete a different acknowledgment form. • Signature of the notary public must match the signature on file with the office of
Aitorney-in-Fact	the county clerk,
☐ Trustee(s)	 Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
☐ Other	Indicate title or type of attached document, number of pages and data.
	 Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
	Securely attach this document to the signed document

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ACKNOWLEDGMENT

State of California County of Santa Clara) ss.
On AVEO7, 2015 before me, AVTAR SINGH NAT, Notary Public, personally appeared NAKK ADE , 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/their executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(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. AVTAR SINGH NAT NOTARY PUBLIC - CALIFORNIA E COMMISSION # 2094185 E
A LARA COUNTY My Comm. Exp. January 16, 2019 My Comm. Exp. January 16, 2019
Signature
OPTIONAL INFORMATION
Date of Document Thumbprint of Signer
Type or Title of Document assympt of latert
Number of Pages in Document
Document in a Foreign Language
Type of Satisfactory Evidence: Personally Known with Paper Identification Paper Identification Credible Witness(es)

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Check here if

or fingerprint

is available.

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no thumbprint

RECORDED: 08/07/2015

Capacity of Signer:

____ Power of Attorney

____CEO / CFO / COÓ

President / Vice-President / Secretary / Treasurer
Other:

Other Information:

_____Trustee