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PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
SHAHAR KVATINSKY	01/21/2015
AVINOAM KOLODNY	02/08/2015
YIFAT HANEIN	02/08/2015

RECEIVING PARTY DATA

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City:	HAIFA	
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PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	14798485

CORRESPONDENCE DATA

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NAME OF SUBMITTER:	OREN RECHES	
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DATE SIGNED:	09/02/2015	

Total Attachments: 2

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> **PATENT** REEL: 036473 FRAME: 0246 503462712

ASSIGNMENT AND AGREEMENT

FOR good and valuable consideration, the receipt of which is hereby acknowledged, we, Shahar Kvatinsky residing at 12 Oren Street, Ramat Gan 5264512, Israel; Avinoam Kolodny residing at 23 Ben-Artzi Street, Haifa 3244842, Israel; Yifat Hanein residing at 19 Hagra Street, Kfar Saba 4445421, Israel; have sold, assigned and transferred, and do hereby sell, assign and transfer, unto **Technion Research and Development Foundation LTD.**, a corporation of Israel, having its principal place of business at Technion City, Canada Bldg., Haifa 32000, Israel, and its successors, assigns, and legal representatives, the entire right, title and interest in US Patent Application serial number 62/023,967 having a filing date of 14-JUL-2014 and is entitled MEMRISTIVE AKERS LOGIC ARRAY

Together with the entire right, title and interest in and to the application, and in and to Letters Patent which may be issued upon the application, and upon any division, extension, continuation or reissue thereof or any foreign patent application which claims priority from the application;

FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
Shahar Kvatinsky	Tali Bergerfroind
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
	Tali
DATE OF SIGNATURE:	ADDRESS OF WITNESS:
21/1/2015	Malat Building, Floor no. 5, Technion

1

PATENT REEL: 036473 FRAME: 0247

FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
Avinoam Kolodny	Tali Bergerfroind _
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
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DATE OF SIGNATURE:	ADDRESS OF WITNESS:
Feb. 8, 2015	Malat Building, Floor no. 5, Technion
FULL NAME OF INVENTOR:	FULL NAME OF WITNESS:
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ADDRESS OF WITNESS:

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DATE OF SIGNATURE:

8/2/2015_____