503545537 10/29/2015 PATENT ASSIGNMENT COVER SHEET

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| CONVEYING PARTY D | ΑΤΑ | | | |
| | | Name | | Execution Date |
| BOULOS ZACHARIE | | | | 10/27/2015 |
| SHAUN ABBOTT | | | 10/27/2015 | |
| LYNE GAGNON | | | | 10/27/2015 |
| PIERRE LAURIN | | | | 10/27/2015 |
| BRIGITTE GROUIX | | | | 10/27/2015 |
| RECEIVING PARTY DA | ATA | | | |
| Name: | PROM | ETIC BIOSCIENCES INC. | | |
| Street Address: | 440, A | RMAND-FRAPPIER BLVD | | |
| Internal Address: | SUITE | 300 | | |
| City: | LAVAL | , QUEBEC | | |
| State/Country: | CANAI | DA | | |
| Postal Code: | H7V 4I | 34 | | |
| PROPERTY NUMBERS | 6 Total: 1 | | | |
| Property Type | | Number | | |
| Application Number: | | 14776328 | | |
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| CORRESPONDENCE | ΔΤΑ | (352)372-5800 | | |
| Fax Number: | | (352)372-5800 • the e-mail address first: if th | at is unsucces | sful. it will be sent |
| Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> | oe sent to | the e-mail address first; if th ; if that is unsuccessful, it wi | | |
| Fax Number: <i>Correspondence will b using a fax number, if</i> Phone: | oe sent to | <i>the e-mail address first; if th</i> <i>I; if that is unsuccessful, it wi</i> 3523758100 | | |
| Fax Number: <i>Correspondence will b using a fax number, if</i> Phone: Email: | pe sent to provideo | <i>the e-mail address first; if th</i> <i>i; if that is unsuccessful, it wi</i> 3523758100 DRS@SLEPATENTS.COM | | |
| Fax Number: <i>Correspondence will b using a fax number, if</i> Phone: Email: Correspondent Name: | pe sent to provideo | <i>the e-mail address first; if th</i> <i>i; if that is unsuccessful, it wi</i> 3523758100 DRS@SLEPATENTS.COM DAVID R. SALIWANCHIK | | |
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| Fax Number: <i>Correspondence will b</i> <i>using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 4: | oe sent to provideo | <i>b the e-mail address first; if th</i> <i>d; if that is unsuccessful, it wi</i> 3523758100 DRS@SLEPATENTS.COM DAVID R. SALIWANCHIK P.O. BOX 142950 GAINESVILLE, FLORIDA 3261 | ll be sent via L | |
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| Fax Number: Correspondence will b using a fax number, if Phone: Email: Correspondent Name: Address Line 1: Address Line 4: | pe sent to provide | b the e-mail address first; if th d; if that is unsuccessful, it wi 3523758100 DRS@SLEPATENTS.COM DAVID R. SALIWANCHIK P.O. BOX 142950 GAINESVILLE, FLORIDA 3261 PBI.103XC1 | <i>II be sent via</i> U 4-2950 ≺ | |

Total Attachments: 6

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ASSIGNMENT

WHEREAS, we, the undersigned, residing at the indicated addresses given below, respectively, have invented certain new and useful improvements in Substituted Aromatic Compounds and Related Method for the Treatment of Fibrosis, for which an application for United States Letters Patent was

 \boxtimes filed March 14, 2014, as Application No. <u>PCT/CA2014/000236</u>. \boxtimes filed September 14, 2015, as Serial No. <u>14/776,328</u>.

WHEREAS, **ProMetic BioSciences Inc.**, a corporation having a place of business at **440**, **Armand-Frappier Blvd**, **Suite 300**, **Laval**, **Quebec**, **H7V 4B4**, **Canada**, is desirous of acquiring the entire right, title, and interest in and to said invention and in and to any Letters Patent which may be granted therefor in the United States and in any and all foreign countries;

NOW, THEREFORE, in view of valuable consideration, receipt of which is hereby acknowledged, we, the undersigned, have sold, assigned, and transferred, and by these presents do sell, assign, and transfer, unto said **ProMetic BioSciences Inc.**, its successors and assigns, the full and exclusive right to the said invention in the United States and its territorial possessions and in all foreign countries and the entire right, title, and interest in and to any and all Letters Patent which may be granted therefor in the United States and its territorial possessions and in any and all foreign countries and in any and all divisions, reissues, continuations, and extensions thereof.

We hereby authorize and request the Patent Office Officials in the United States and in any and all foreign countries to issue any and all of said Letters Patent, when granted, to **ProMetic BioSciences Inc.**, as the assignee of the entire right, title, and interest in and to the same, for the sole use and behoof of said **ProMetic BioSciences Inc.**, its successors and assigns.

FURTHER, We agree that we will communicate to said **ProMetic BioSciences Inc.**, or its representatives, any facts known to us respecting said invention; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuation, substitution, renewal, and reissue applications; execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to said **ProMetic BioSciences Inc.**; make all rightful oaths; and generally do everything possible to aid the said **ProMetic BioSciences Inc.**; its successors and assigns, to obtain and enforce proper protection for said invention in the United States and in any and all foreign countries.

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Page 1 of 6 pages

IN TESTIMONY WHEREOF, I have hereunto set my hand this 27^{m} day of <u>Octoben</u>, 2015.

lack Signed

Address:

Boulos Zacharie 3202 Honoré de Balzac Street Laval, Quebec H7P 5Y3 CANADA

STATEMENT BY WITNESS

| I, | | ANNIE, R | SLAis | | | , whose full p | post office |
|------------|------|------------|-------------|----------|-------|----------------|-------------|
| | 440 | (name of w | | <u></u> | ~ | - , | 2. |
| address is | 440 | ARMANI |) - + RAI | PRIER. | BLVD, | Suite | 200 |
| | LAUP | L. QC | 4171 | 484 | | | |
| | | (a | ddress of w | vitness) | | | |

hereby declare that I was personally present and did see the above-named person, personally known to me to be the person named in the assignment, duly sign and execute the same.

| Date: October | 27. | 2012 |
|---------------|-----|------|
|---------------|-----|------|

Anniz Porais

Page 2 of 6 pages

IN TESTIMONY WHEREOF, I have hereunto set my hand this 24^{Th} day of <u>Octobe </u> ℓ , 2015.

Signed

Address:

Shaun Abbott 9, De l'Église Avenue Pointe-Claire, Quebec H9S 5J1 CANADA

STATEMENT BY WITNESS

I, <u>ANNIE BRAIS</u>, whose full post office (name of witness) address is <u>440 ARMAND FRAPPIER BLVD, Suite 300</u> <u>LAVAL, QC HAN 4B4</u> (address of witness)

hereby declare that I was personally present and did see the above-named person, personally known to me to be the person named in the assignment, duly sign and execute the same.

| Date: | Octob | FG 237 | 2015 |
|-------|-------|--------|------|
|-------|-------|--------|------|

Annie Porais

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Page 3 of 6 pages

IN TESTIMONY WHEREOF, I have hereunto set my hand this ______ day of October, 2015.

Lyne Jagmen Signed Lyne Gagnon /

Address:

Lyne Gagnon / // 1973, De la Victoire Street Laval, Quebec H7M 3E5 CANADA

STATEMENT BY WITNESS

I, <u>ANNIE BRAIS</u>, whose full post office (name of witness) address is <u>440 ARMAND - FRAPPIER BUD, Sinte 300</u> <u>LAVAL, QC +17V 4B4</u> (address of witness)

hereby declare that I was personally present and did see the above-named person, personally known to me to be the person named in the assignment, duly sign and execute the same.

Date: OCTOBER 27, 2015

Annis_ Brais

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Page 4 of 6 pages

| IN TESTIMONY W | /HEREOF, I have hereunto set my | hand this | 27m | _day of |
|----------------|--|---------------------------|------|---------|
| October, 2015. | Signed Pierre Laurin Address: 2250, Chemin | Sunset yal, Quebec H3F | | |
| | CANADA | yai, Quebec H5r | (210 | |
| | | | | |

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STATEMENT BY WITNESS

| I, | Annie BRAis | , whose full post office | | |
|----------------------|------------------------|--------------------------|--|--|
| | (name of witness) | - | | |
| address is | 440 ARMAND-FRAPPIER BL | NO Sente 300 | | |
| | LAVAL QC HIV 484 | | | |
| (address of witness) | | | | |

hereby declare that I was personally present and did see the above-named person, personally known to me to be the person named in the assignment, duly sign and execute the same.

Date: October 27. 2015

Anni = Brais

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Page 5 of 6 pages

IN TESTIMONY WHEREOF, I have hereunto set my hand this 24^{10} day of <u>October</u>, 2015.

Signed

Address:

Brigitte Grouix 2505, Sauriol Est Montreal, Quebec H2B 1H2 CANADA

STATEMENT BY WITNESS

I, <u>ANNIE BRAIS</u>, whose full post office (name of witness) address is <u>440 ARMAND - FRAPPIER BLND, Stute 300</u> <u>LANAL QC +170 4B4</u> (address of witness)

hereby declare that I was personally present and did see the above-named person, personally known to me to be the person named in the assignment, duly sign and execute the same.

Date: October 24, 2015

Anniz Brais

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Page 6 of 6 pages

PATENT REEL: 036912 FRAME: 0327

RECORDED: 10/29/2015