

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT4012403

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ANNE M. CATALDO	08/05/2016
BRUCE M. COHEN	07/27/2016
RECEIVING PARTY DATA	
Name:	THE MCLEAN HOSPITAL CORPORATION
Street Address:	115 MILL STREET
City:	BELMONT
State/Country:	MASSACHUSETTS
Postal Code:	02478
PROPERTY NUMBERS Total: 2	
Property Type	Number
Application Number:	12598287
Application Number:	60927240
CORRESPONDENCE DATA	
Fax Number:	(617)428-7045
<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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ATTORNEY DOCKET NUMBER:	04843-157002/001
NAME OF SUBMITTER:	MICHAEL J. BELLIVEAU, PH.D.
SIGNATURE:	/Michael J. Belliveau, Ph.D./
DATE SIGNED:	08/18/2016
Total Attachments: 3	
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source=Executed Assignment#page3.tif	

ASSIGNMENT

For valuable consideration, we,

Full Name of Assignor	City	State (and Country if not USA)
Anne M. Cataldo	Sutton	Massachusetts
Bruce M. Cohen	Lexington	Massachusetts

hereby assign to

Full Name of Assignee	State of Incorporation	Business Address
The McLean Hospital Corporation	Massachusetts	115 Mill Street Belmont, MA 02478

and to 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 subject of one or more applications for United States Patent signed by us, identified as:

Title of Application	Filing Date	Serial Number
METHODS AND COMPOSITIONS FOR MITOCHONDRIAL REPLACEMENT THERAPY	October 30, 2009	12/598,287
METHODS AND COMPOSITIONS FOR MITOCHONDRIAL REPLACEMENT THERAPY	May 2, 2008	PCT/US2008/005627
METHODS AND COMPOSITIONS FOR MITOCHONDRIAL REPLACEMENT THERAPY	May 2, 2007	60/ 927,240

and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment includes said application, any and all United States and foreign patents, utility models, 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 we authorize the Assignee to apply in all countries in our names 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 we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation, to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements, and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment. This assignment also includes the right to sue for past acts of infringement, whether based on any patents listed herein, patents issuing from applications listed herein, or provisional rights from any patent applications listed herein.

IN WITNESS WHEREOF, I hereto set my hand and seal at Citizens Bank,
this 5 day of August, 2016.

Peter A. Paskevich L.S.
PETER A. PASKEVICH (executor of the estate of ANNE M. CATALDO)

STATE OF MA :
COUNTY OF Plymouth : ss.

On this 5 day of August, 2016 before me, the undersigned notary public, personally appeared **PETER A. PASKEVICH**, proved to me through satisfactory evidence of identification, which consisted of Drivers License, to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.



VICTORIA CAMPANALE
Notary Public
Commonwealth of Massachusetts
My Commission Expires Sep. 17, 2021

Victoria Campanale
Notary Public

My Commission Expires: 9/17/2021

[Notary's Seal Here]

IN WITNESS WHEREOF, I hereto set my hand and seal at _____,
this ____ day of _____, 20__.

L.S.
BRUCE M. COHEN

STATE OF _____ :
COUNTY OF _____ : ss.

On this ____ day of _____, 20__, before me, the undersigned notary public, personally appeared **BRUCE M. COHEN**, proved to me through satisfactory evidence of identification, which consisted of _____, to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

Notary Public

My Commission Expires:

[Notary's Seal Here]

IN WITNESS WHEREOF, I hereto set my hand and seal at _____
this ____ day of _____, 20____.

L.S.
PETER A. PASKEVICH (executor of the estate of ANNE M. CATALDO)

STATE OF _____:

:SS.

COUNTY OF _____:

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared **PETER A. PASKEVICH**, proved to me through satisfactory evidence of identification, which consisted of _____, to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

Notary Public

My Commission Expires: _____

[Notary's Seal Here]

IN WITNESS WHEREOF, I hereto set my hand and seal at McLean Hospital
this 27 day of July, 2016.

L.S.
BRUCE M. COHEN

STATE OF Massachusetts:

:SS.

COUNTY OF Middlesex:

On this 27th day of July, 2016, before me, the undersigned notary public, personally appeared **BRUCE M. COHEN**, proved to me through satisfactory evidence of identification, which consisted of MA Driver's License, to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

Danah Ann Parker
Notary Public

My Commission Expires: October 16, 2020

[Notary's Seal Here]