PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	EXECUTIVE ORDER 9424, CONFIRMATORY LICENSE

CONVEYING PARTY DATA

Name	Execution Date
UNIVERSITY OF FLORIDA	11/17/2016

RECEIVING PARTY DATA

Name:	National Institutes of Health (NIH), U.S. Dept. of Health and Human Services (DHHS), U.S. Government
Street Address:	NIH Division of Extramural Inventions and Technology Resources (DEITR)
Internal Address:	6705 Rockledge Drive, Suite 310, MSC 7980
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PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	9024071

CORRESPONDENCE DATA

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NAME OF SUBMITTER:DIRECTOR, DEITR, NIHSIGNATURE:/Director, DEITR, NIH/DATE SIGNED:12/01/2016

Total Attachments: 1

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PATENT REEL: 040801 FRAME: 0335

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Sign and	submit the executed document t	o the appropr	iate funding agency	(e.g. uploed in iE	dison).			
Invention	Title: Novel Drug for Do	epression	, Anxiety, Sc	hizophrenia.	Parki	nson's D	isease, A	ller
Inventor(s): Raymond G. Booth							**********
U.S. Fillir	ng/Issue Date: <u>05/05/2015</u>							
Patent o	Application Serial No.: 9,02	14,071						
Grant/Co	ontract Number(s): <u>MH06865</u> 5	5, MH0811	93, DAC23928					
Foreign /	Applications filed/intended in	(countries):			***************************************			
identified 1. The Unit cont 2. All o regu The Gov	R 401.14, FAR 52.227-11 of grant or contract award from nonexclusive, nontransferated States the invention designations in part, and in any eather rights acquired by the Galations that are applicable to remment is hereby granted	m the Unite sle, inevoca scribed in a and all pater lovernment the award.	d States Governible, paid-up licen ny patent applica its and re-issues i by reason of the i	nent. This doci se to practice or ition and in any granted thereon above identified	ument is have p and all through grant/co	s confirmate racticed for divisions, out the wor entract awa	ory of: r or on beha continuatio ld; and rd and the la	If of the ns, and sws and
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Signed th	nis	day of	November	, 20	l6 	J. Ar. J	er Han	ge ^{ene}
Ву	David L. Day (Institutional Business Off				***************************************	××××××××××××××××××××××××××××××××××××××		
	(Institutional Business Off	īcial)		(Signature)			
Title	Director of Technology I	icensing						
For UNIT	VERSITY OF FLORIDA							œ
	(Grantee/Contractor Organiz	ation)						
	PO Box 115575, 747 SW 2	nd Avenue, (Gainesville, FL 3	2611				
	(Business Address)			•••••				

PATENT REEL: 040801 FRAME: 0336

RECORDED: 12/01/2016