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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
TIFFANY ZEE	10/05/2016
MARSHALL STOLLER	11/04/2016
PANKAJ KAPAHI	10/11/2016

RECEIVING PARTY DATA

Name:	BUCK INSTITUTE FOR RESEARCH ON AGING
Street Address:	8001 REDWOOD BLVD.
City:	NOVATO
State/Country:	CALIFORNIA
Postal Code:	94945

PROPERTY NUMBERS Total: 2

Property Type	Number
Application Number:	15284318
Application Number:	62238617

CORRESPONDENCE DATA

Fax Number: (510)663-0920

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.

Phone: 510-663-1100 Email: SJoshi@wavsip.com

Correspondent Name: SWAPNALI JOSHI

Address Line 1: 555 12TH STREET, SUITE 1700 Address Line 4: OAKLAND, CALIFORNIA 94607

ATTORNEY DOCKET NUMBER:	BUCKP049US/B1-432
NAME OF SUBMITTER:	SWAPNALI JOSHI
SIGNATURE:	/Swapnali Joshi/
DATE SIGNED:	01/16/2017

Total Attachments: 4

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ASSIGNMENT OF PATENT APPLICATION

Whereas I, an undersigned named inventor, possess the right, title and interest for and in the Invention(s) as set forth in the patent application entitled: LIPOIC ACID AND DERIVATIVES THEREOF FOR THE TREATMENT OF CYSTINURIA (Atty. Docket No. BUCKP049US/BI-432), and

(1) for which I have executed a U.S. patent application;

AND/OR

(2) the same having been filed on October 3, 2016 as Application No. 15/284,318;

AND

 (3) which claims priority to U.S. Provisional Patent Application filed on October 7, 2015 as Application No. 62/238,617;

in connection with which I hereby authorize and request the assignee's attorneys associated with Customer Number 22434 to insert within the foregoing parentheses the filing date and/or Application No. of said application when known.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is bereby acknowledged, I, an undersigned named inventor, hereby:

- Sell, assign and transfer to **Buck Institute for Research on Aging**, a California corporation having a place of business at 8001 Redwood Blvd., Novato, CA 94945, US ("ASSIGNEE"), the entire right, title and interest, including the right to claim priority, in the above-referenced application including any and all improvements and inventions disclosed therein, and in U.S. and foreign applications based upon, and U.S. and foreign patents granted upon, the above-referenced application.
- 2) Authorize and request the Commissioner of Patents to issue any and all Letters Patents resulting from said application or any division, continuation, substitute, renewal, re-examination or reissue thereof to the ASSIGNEE.
- 3) Agree to execute all papers and documents and, entirely at the ASSIGNEE's expense, perform any acts which are reasonably necessary in connection with the prosecution of said application, as well as any derivative applications thereof, foreign applications based thereon, and/or the enforcement of patents resulting from such applications.
- 4) Agree that the terms, covenants and conditions of this assignment shall inure to the benefit of the ASSIGNEE, its successors, assigns and other legal representative, and shall be binding upon the named inventor, as well as the named inventor's heirs, legal representatives and assigns.
- S) Warrant and represent that I have not entered, and will not enter into any assignment, contract, or understanding that conflicts with this assignment.

Signed on the date indicated beside my signature.

Assign US Patent Application (Notary)

1) Signature: <u>M/M-/</u>	
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	<u>OTARY</u>
Per California Civil Code sections 1189 and 1195 and California A California notary public or other officer completing this certif the document to which this certificate is attached, and not the	leate verifies only the identity of the individual who signed
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County of <u>Varian</u>	36.
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paragraph is true and correct.	
WITNESS my hand and official seal.	ROWENA SARWIENTO ABULENCIA
Signature K. L. Abulenca	Commission # 200273# Notary Public - California Marin County
	My Comm. Expires Apr 25, 2018
	Date:
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Attorney Docket No. BUCKP049U8/BI-432

1)	Signature:				Date:
	Typed Name:	TIFFANY ZEE			
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2)	Signature: Typed Name:	Marshall STOL	Q SA LER		Date: 11/1/10/16
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Attorney Docket No. BUCK P049US/BI-432

Typed Name: PANKAJ KAPAHI Per California Civil Code sections 1189 and 1395 and California Government Code section 8262: A California notary public or other officer completing this certificate verifies only the identity of the individual discussion of the document to which this certificate is sittached, and not the truthfluiness, accuracy, or validity of their discussion of the document to which this certificate is sittached, and not the truthfluiness, accuracy, or validity of their discussion of the CALLECKIA SE. County of			2	CKP049U5/BI-432	y Docket No. BU	Attorn
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