

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT4252986

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
GHASSAN S. KASSAB	12/21/2009
JOSE A. NAVIA SR.	10/15/2009
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	DTHERAPEUTICS, LLC
<b>Street Address:</b>	11107 ROSELLE STREET
<b>City:</b>	SAN DIEGO
<b>State/Country:</b>	CALIFORNIA
<b>Postal Code:</b>	92121
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	15421253
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	
<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>	
<b>Phone:</b>	3179666835
<b>Email:</b>	mark@rsindy.com
<b>Correspondent Name:</b>	MARK C. REICHEL, REICHEL STOHR LLP
<b>Address Line 1:</b>	212 WEST 10TH STREET
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<b>Address Line 4:</b>	INDIANAPOLIS, INDIANA 46202
<b>ATTORNEY DOCKET NUMBER:</b>	R-P01754-US-03
<b>NAME OF SUBMITTER:</b>	MARK C. REICHEL
<b>SIGNATURE:</b>	/Mark C. Reichel/
<b>DATE SIGNED:</b>	01/31/2017
<b>Total Attachments: 3</b>	
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ICE MILLER LLP  
One American Square, Suite 2900  
Indianapolis, Indiana 46282-0200  
Telephone: (317) 236-5882  
Facsimile: (317) 592-5453

ASSIGNMENT  
OF  
INVENTION(S)

"Invention(s)" shall mean the invention(s)  
described in:

Specification Attached  
 Specification Filed: October 15, 2008  
as Serial No. 61/105,510

that is entitled:

Our Ref. No.: P01754-US-00 (26259.0052)

DEVICES, SYSTEMS, AND METHODS FOR LOCALIZED DRUG DELIVERY

"Inventors" shall mean the following individuals:

KASSAB, Ghassan S. 6725 West Stonegate Drive Zionsville, Indiana 46077 (a U.S. citizen)	NAVIA, Jose A., Sr. Suipacha 1308, Apt. B Buenos Aires, Argentina 1011 (a citizen of Argentina)
--------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

Names, Addresses, and Citizenship

"Assignee" shall mean the following identified entity/individual:

DTherapeutics, LLC 6725 West Stonegate Drive Zionsville, IN 46077 (a California limited liability company)
---------------------------------------------------------------------------------------------------------------------

Name, Address, and Citizenship

WHEREAS, the Inventors wish to convey to Assignee and Assignee desires to acquire the entire interest, right and title in, to and under: (i) the Invention(s), for which, as indicated above, a patent application is attached or was filed on the date and assigned the serial number specified above; and (ii) to all Letters Patent or similar legal protection to be obtained therefor in the United States and in any and all foreign countries.

NOW, THEREFORE, in consideration of good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Inventors agree as follows:

Assignment. Each of the Inventors hereby sells, assigns and transfers to Assignee the full and exclusive right, title and interest in and to the Invention(s) in the United States and its territorial possessions, and in all foreign countries, including without limitation: (i) all Letters Patent or similar legal protection in the United States and its territorial possessions and in any and all foreign countries granted therefor or any subsequent patent applications therefor, including all continuations, divisions, continuations-in-part, substitutions, reissues, and extensions thereof or any legal equivalent thereof in any foreign country, for the full term or terms for which same may be granted; and (ii) all rights to enforce and collect for past claims of infringement of rights in and to the Invention(s) throughout the world.

Cooperation. Each of the Inventors shall execute and deliver or shall cause to be delivered all such transfers, assignments, conveyances, powers of attorney, assurances, declarations, or any other documents, and take all such further action necessary to confirm, effectuate, or record the assignments granted herein, as Assignee may, from time to time, reasonably request. Each of the Inventors, upon Assignee's request, shall: (i) provide promptly to Assignee or its designee all pertinent facts and documents related to the Invention(s) as may be accessible to or known by each Inventor and testify to the same in any litigation or similar proceeding related thereto; and (ii) promptly execute and deliver to Assignee or its designee any and all papers, instruments or affidavits required to obtain, maintain, defend, issue, protect, and enforce the Invention(s) and any Letters Patent and similar legal protection related thereto in the United States or any foreign country.

Governing Law. This Assignment shall be construed and interpreted in accordance with, and all actions arising hereunder, shall be governed by, the laws of the State of Indiana, excluding any conflict of law or choice of law provisions that may refer construction or interpretation of this Assignment to the law of another jurisdiction.

Execution. This Assignment may be executed in counterparts, each of which shall be deemed an original and which together shall constitute one and the same Assignment.

[Signature Page(s) Follow]

IN WITNESS WHEREOF, this Assignment has been duly executed by each of the below signed Inventors.

Signature: [Handwritten Signature]

Date: 12/2/09

Printed Name: Ghassan S. Kassab

STATE OF \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_ day of \_\_\_\_\_, there appeared before me \_\_\_\_\_ (name), personally known to me or who proved to me his/her identification, who stated that he/she is \_\_\_\_\_ (name); who acknowledged that he/she signed the foregoing instrument as his/her voluntary act and deed.

My Commission Expires: \_\_\_\_\_  
NOTARY PUBLIC

**Note: Notarization is recommended but not required.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: Jose A. Navia, Sr.

STATE OF \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_ day of \_\_\_\_\_, there appeared before me \_\_\_\_\_ (name), personally known to me or who proved to me his/her identification, who stated that he/she is \_\_\_\_\_ (name); who acknowledged that he/she signed the foregoing instrument as his/her voluntary act and deed.

My Commission Expires: \_\_\_\_\_  
NOTARY PUBLIC

**Note: Notarization is recommended but not required.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_ day of \_\_\_\_\_, there appeared before me \_\_\_\_\_ (name), personally known to me or who proved to me his/her identification, who stated that he/she is \_\_\_\_\_ (name); who acknowledged that he/she signed the foregoing instrument as his/her voluntary act and deed.

My Commission Expires: \_\_\_\_\_  
NOTARY PUBLIC

**Note: Notarization is recommended but not required.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_ day of \_\_\_\_\_, there appeared before me \_\_\_\_\_ (name), personally known to me or who proved to me his/her identification, who stated that he/she is \_\_\_\_\_ (name); who acknowledged that he/she signed the foregoing instrument as his/her voluntary act and deed.

My Commission Expires: \_\_\_\_\_  
NOTARY PUBLIC

**Note: Notarization is recommended but not required.**

IN WITNESS WHEREOF, this Assignment has been duly executed by each of the below signed Inventors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: Ghassan S. Kassab

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss:

On this \_\_\_\_ day of \_\_\_\_\_, there appeared before me \_\_\_\_\_ (name), personally known to me or who proved to me his/her identification, who stated that he/she is \_\_\_\_\_ (name); who acknowledged that he/she signed the foregoing instrument as his/her voluntary act and deed.

My Commission Expires: \_\_\_\_\_ NOTARY PUBLIC

Note: Notarization is recommended but not required.

Signature: *Jose A. Navia* Date: 10/15/09

Printed Name: Jose A. Navia, Sr.

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss:

On this \_\_\_\_ day of \_\_\_\_\_, there appeared before me \_\_\_\_\_ (name), personally known to me or who proved to me his/her identification, who stated that he/she is \_\_\_\_\_ (name); who acknowledged that he/she signed the foregoing instrument as his/her voluntary act and deed.

My Commission Expires: \_\_\_\_\_ NOTARY PUBLIC

Note: Notarization is recommended but not required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss:

On this \_\_\_\_ day of \_\_\_\_\_, there appeared before me \_\_\_\_\_ (name), personally known to me or who proved to me his/her identification, who stated that he/she is \_\_\_\_\_ (name); who acknowledged that he/she signed the foregoing instrument as his/her voluntary act and deed.

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Note: Notarization is recommended but not required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss:

On this \_\_\_\_ day of \_\_\_\_\_, there appeared before me \_\_\_\_\_ (name), personally known to me or who proved to me his/her identification, who stated that he/she is \_\_\_\_\_ (name); who acknowledged that he/she signed the foregoing instrument as his/her voluntary act and deed.

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