

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4267324

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT	
NATURE OF CONVEYANCE:	Corrective Assignment to correct the RECEIVING PARTY DATA ERROR, LEFT OFF COMMA IN COMPANY NAME previously recorded on Reel 023026 Frame 0970. Assignor(s) hereby confirms the RECEIVING PARTY IS CUREMARK, LLC.	
CONVEYING PARTY DATA		
	Name	Execution Date
	JOAN M. FALLON	08/31/2009
RECEIVING PARTY DATA		
Name:	CUREMARK, LLC	
Street Address:	411 THEODORE FREMD AVE.	
Internal Address:	SUITE 206 S.	
City:	RYE	
State/Country:	NEW YORK	
Postal Code:	10580	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	12487864
CORRESPONDENCE DATA		
Fax Number:	(858)350-2399	
<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>		
Phone:	8583502300	
Email:	asgarcia@wsgr.com	
Correspondent Name:	WILSON SONSINI GOODRICH & ROSATI	
Address Line 1:	650 PAGE MILL ROAD	
Address Line 4:	PALO ALTO, CALIFORNIA 94304	
ATTORNEY DOCKET NUMBER:	41012-701.304	
NAME OF SUBMITTER:	ASHLEY GARCIA	
SIGNATURE:	/Ashley Garcia/	
DATE SIGNED:	02/09/2017	
Total Attachments: 3		
source=Curemark 41012-701.304 Corrective Assignment as filed#page1.tif		
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PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Joan M. Fallon	07/27/2009
RECEIVING PARTY DATA	
Name:	Curemark LLC
Street Address:	411 Theodore Fremd Avenue
Internal Address:	Suite 206 South
City:	Rye
State/Country:	NEW YORK
Postal Code:	10580
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12487864
CORRESPONDENCE DATA	
Fax Number:	(612)288-9696
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	612-335-5070
Email:	mtm@fr.com
Correspondent Name:	Teresa A. Lavoie, Ph.D.
Address Line 1:	Fish & Richardson P.C.
Address Line 2:	P.O. Box 1022
Address Line 4:	Minneapolis, MINNESOTA 55440-1022
ATTORNEY DOCKET NUMBER:	25324-0007008
NAME OF SUBMITTER:	Meredith Mescher
Total Attachments: 2 source=25324-0007008 Assignment#page1.tif source=25324-0007008 Assignment#page2.tif	

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PATENT
 REEL: 023026 FRAME: 0970
 PATENT
 REEL: 041670 FRAME: 0513

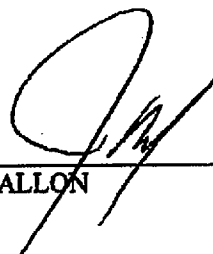
ASSIGNMENT

For valuable consideration, I, Joan M. Fallon, of 1180 Midland Avenue, Bronxville, NY 10708; hereby assign to CUREMARK, LLC, a corporation of Delaware, having a place of business at 411 Theodore Fremd Avenue, Suite 206 South, Rye, NY 10580, NY 10580, and 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 an application for United States Patent signed by me, entitled METHOD FOR TREATING PERVASIVE DEVELOPMENT DISORDERS, filed September 8, 2008, and assigned U.S. Serial Number 12/283,090, this assignment including 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 I authorize the Assignee to apply in all countries in my name 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 I agree for me and my 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.

DATE:

8/31/01

JOAN M. FALLON



STATE OF

New York

COUNTY OF

Westchester

SS.

On August 31, 2001, before me, the undersigned, a notary public for the State of New York, there personally appeared JOAN M. FALLON personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in her authorized capacity and that by her signature on this Assignment, the person or the entity upon behalf of which she acted, executed this Assignment.

WITNESS my hand and official seal.

Evelyn Panoff
Notary Public

EVELYN PANOFF
Notary Public, State of New York
No. 01PA6045887
Qualified in Westchester County
Commission Expires July 31, 2010

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