504527231 08/30/2017

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4573937

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
SURESHKUMAR CHOUDHARY	09/24/2015
TESFU MEZGHEBE	09/24/2015
MARTA CORCORAN	09/24/2015
YOEN JOO KIM	09/24/2015
MINGYAN CAO	10/08/2015
MARY HOUCHIN	10/19/2015

RECEIVING PARTY DATA

Name:	MEDIMMUNE, LLC
Street Address:	ONE MEDIMMUNE WAY
City:	GAITHERSBURG
State/Country:	MARYLAND
Postal Code:	20878

PROPERTY NUMBERS Total: 1

Property Type	Number	
Application Number:	15522472	

CORRESPONDENCE DATA

Fax Number: (612)305-1228

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: 612-305-2476

Email: dschurmann@mrgs.com LAURA N. ARNESON **Correspondent Name:**

Address Line 1: MUETING, RAASCH & GEBHARDT, P.A.

Address Line 2: 111 THIRD AVE S, SUITE 350

Address Line 4: MINNEAPOLIS, MINNESOTA 55401

ATTORNEY DOCKET NUMBER: 475.00160101 LAURA N. ARNESON NAME OF SUBMITTER: **SIGNATURE:** /Laura N. Arneson/ **DATE SIGNED:** 08/30/2017

PATENT REEL: 043452 FRAME: 0516 504527231

Total Attachments: 14

source=Assignment-InventorsToMedImmuneLLC#page1.tif source=Assignment-InventorsToMedImmuneLLC#page2.tif source=Assignment-InventorsToMedImmuneLLC#page3.tif source=Assignment-InventorsToMedImmuneLLC#page4.tif source=Assignment-InventorsToMedImmuneLLC#page5.tif source=Assignment-InventorsToMedImmuneLLC#page6.tif source=Assignment-InventorsToMedImmuneLLC#page7.tif source=Assignment-InventorsToMedImmuneLLC#page8.tif source=Assignment-InventorsToMedImmuneLLC#page9.tif source=Assignment-InventorsToMedImmuneLLC#page10.tif source=Assignment-InventorsToMedImmuneLLC#page11.tif source=Assignment-InventorsToMedImmuneLLC#page12.tif source=Assignment-InventorsToMedImmuneLLC#page13.tif source=Assignment-InventorsToMedImmuneLLC#page13.tif source=Assignment-InventorsToMedImmuneLLC#page14.tif

PATENT REEL: 043452 FRAME: 0517

ASSIGNMENT

WHEREAS We, the below named inventors [hereinafter referred to as Assignors], have made an invention entitled:

An Improved Maufacturing Method

for which a United States provisional application was filed as provisional patent application number 62/073,459 on 31 October 2014;

AND WHEREAS, MEDIMMUNE, LLC, a limited liability company formed under the laws of Delaware, whose post office address is One Medimmune Way, Gaithersburg, MD 20878, USA [hereinafter referred to as Assignee], is desirous of securing the entire right, title and interest in and to this invention in all countries throughout the world, and in and to the application for United States Letters Patent on this invention and the Letters Patent to be issued upon this application;

NOW, THEREFORE, be it known that, for good and valuable consideration the receipt of which from assignee, is hereby acknowledged, we, as assignors, have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the assignee, its lawful successors and assigns, our entire right, title and interest in and to this invention and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof, and all rights to claim priority on the basis of such application, and all applications for Letters patent which may hereafter be filed for this invention in any foreign country and all Letters Patent which may be granted on this invention in any foreign country, and all extensions, renewals and relssues thereof; and we hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any foreign country whose duty it is to issue patents on applications as described above, to issue all Letters Patent for this invention to assignee, its successors and assigns, in accordance with the terms of this Assignment;

AND, we HEREBY covenant that we have the full right to convey the interest assigned by this Assignment, and we have not executed and will not execute any agreement in conflict with this Assignment;

AND we HEREBY further covenant and agree that we will, without further consideration, communicate with assignee, its successors and assigns, any facts known to us respecting this invention, and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver any and all papers that may be necessary or desirable to perfect the title to this invention in said assignee, its successors or assigns, execute all divisional, continuation, and reissue applications, make all rightful oaths and generally do everything possible to aid assignee, its successors and assigns, to obtain and enforce proper patent protection for this invention in the United States and any foreign country, it being understood that any expense incident to the execution of such papers shall be borne by assignees, it successors and assigns.

FULL NAME OF INVENTOR	FIRST NAME Sureshkumar	MIDDLE INITIAL	LAST NAME Choudhary			
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878		
INVENTOR'S SIG	INVENTOR'S SIGNATURE: Charly Surveys. DATE: 24 Septs					
	T SINGE ALIANT	I sarpes er in iere at	11.40=1111=			
FULL NAME OF INVENTOR	FIRST NAME Tesfu	MIDDLE INITIAL	LAST NAME Mezghebe			
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way/	City Gaithersburg	State or Country MD	Zip Code 20878		
INVENTOR'S SIG	NATURE:	nes D	ATE: <u>24</u> S	sep 15		
	<u> </u>					
FULL NAME OF INVENTOR	FIRST NAME Marta	MIDDLE INITIAL	LAST NAME Corcoran			
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878		
INVENTOR'S SIG	NATURE:	DA	ATE:			
FULL NAME OF INVENTOR	FIRST NAME Yoen Joo	MIDDLE INITIAL	LAST NAME Kim			
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878		
INVENTOR'S SIGNATURE: DATE:						

Page 2 of 3

FULL NAME OF INVENTOR	FIRST NAME Mingyan	MIDDLE INITIAL	LAST NAME Cao	
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: DATE:				

ASSIGNMENT

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NOW, THEREFORE, be it known that, for good and valuable consideration the receipt of which from assignee, is hereby acknowledged, we, as assignors, have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the assignee, its lawful successors and assigns, our entire right, title and interest in and to this invention and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof, and all rights to claim priority on the basis of such application, and all applications for Letters patent which may hereafter be filed for this invention in any foreign country and all Letters Patent which may be granted on this invention in any foreign country, and all extensions, renewals and reissues thereof; and we hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any foreign country whose duty it is to issue patents on applications as described above, to issue all Letters Patent for this invention to assignee, its successors and assigns, in accordance with the terms of this Assignment;

AND, we HEREBY covenant that we have the full right to convey the interest assigned by this Assignment, and we have not executed and will not execute any agreement in conflict with this Assignment;

AND we HEREBY further covenant and agree that we will, without further consideration, communicate with assignee, its successors and assigns, any facts known to us respecting this invention, and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver any and all papers that may be necessary or desirable to perfect the title to this invention in said assignee, its successors or assigns, execute all divisional, continuation, and reissue applications, make all rightful oaths and generally do everything possible to aid assignee, its successors and assigns, to obtain and enforce proper patent protection for this invention in the United States and any foreign country, it being understood that any expense incident to the execution of such papers shall be borne by assignees, it successors and assigns.

FULL NAME OF INVENTOR	FIRST NAME Sureshkumar	MIDDLE INITIAL	Choudhary	
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIG	NATURE:		DATE:	
FULL NAME OF INVENTOR	! FIRST NAME - Tesfu	MIDDLÉ INITIAL	LAST NAME Mezghebe	
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Geithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIG	NATURE:		DATE:	· · · · · · · · · · · · · · · · · · ·
FULL NAME OF INVENTOR	FIRST NAME Marta	MIDDLE INITIAL	LAST NAME Corcoran	
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIG	NATURE: <u>Allah</u>	2	32 <u>PS</u> : 3TA	£15
FULL NAME OF INVENTOR	FIRST NAME Yoen Joo	MIDDLE INITIAL	LAST NAME	
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE:DATE:			MTE:	

Page 2 of 3

PATENT

FULL NAME OF INVENTOR	FIRST NAME Mingyan	MIDDLE INITIAL	LAST NAME Cao	
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: DATE:				

ASSIGNMENT

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NOW, THEREFORE, be it known that, for good and valuable consideration the receipt of which from assignee, is hereby acknowledged, we, as assignors, have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the assignee, its lawful successors and assigns, our entire right, title and interest in and to this invention and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof, and all rights to claim priority on the basis of such application, and all applications for Letters patent which may hereafter be filed for this invention in any foreign country and all Letters Patent which may be granted on this invention in any foreign country, and all extensions, renewals and reissues thereof; and we hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any foreign country whose duty it is to issue patents on applications as described above, to issue all Letters Patent for this invention to assignee, its successors and assigns, in accordance with the terms of this Assignment;

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AND we HEREBY further covenant and agree that we will, without further consideration, communicate with assignee, its successors and assigns, any facts known to us respecting this invention, and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver any and all papers that may be necessary or desirable to perfect the title to this invention in said assignee, its successors or assigns, execute all divisional, continuation, and reissue applications, make all rightful oaths and generally do everything possible to aid assignee, its successors and assigns, to obtain and enforce proper patent protection for this invention in the United States and any foreign country, it being understood that any expense incident to the execution of such papers shall be borne by assignees, it successors and assigns.

FULL NAME OF INVENTOR	Sureshkumar	MIODLE INITIAL	Choudhary		
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20678	
INVENTOR'S SIG	GNATURE:	[DATE:		
FULL NAME OF INVENTOR	FIRST NAME Tesfu	MIDDLE INITIAL	LAST NAME Mezghebe		
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Geithersburg	State or Country MD	Zip Code 20878	
INVENTOR'S SIG	ENATURE:)ATE:		
FULL NAME OF	FIRST NAME Marta	MIDDLE INITIAL	LAST NAME Corcoran	· · · · · · · · · · · · · · · · · · ·	
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaitheraburg	State or Country MD	Zip Code 20878	
INVENTOR'S SIG	NATURE:	D	MTE		
FULL NAME OF INVENTOR	FIRST NAME Youn Joo	MIDDLE INITIAL	LAST NAME Kim		
ADDRESS	Street Address ofo Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878	
INVENTOR'S SIGNATURE: 1955					

Page 2 of 3

FULL NAME OF INVENTOR	FIRST NAME Mingyan	MIDDLE INITIAL	LAST NAM Cao	E
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE:			MATE:	

ASSIGNMENT

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NOW, THEREFORE, be it known that, for good and valuable consideration the receipt of which from assignee, is hereby acknowledged, we, as assignors, have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the assignee, its lawful successors and assigns, our entire right, title and interest in and to this invention and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof, and all rights to claim priority on the basis of such application, and all applications for Letters patent which may hereafter be filed for this invention in any foreign country and all Letters Patent which may be granted on this invention in any foreign country, and all extensions, renewals and reissues thereof; and we hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any foreign country whose duty it is to issue patents on applications as described above, to issue all Letters Patent for this invention to assignee, its successors and assigns, in accordance with the terms of this Assignment;

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FULL NAME OF INVENTOR	FIRST NAME Sureshkumar	MIDDLE INITIAL	LAST NAME Choudhary		
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878	
INVENTOR'S SIGNATURE: DATE:					
	1	Training in INITIAL	LACTNAME	<u> </u>	
FULL NAME OF INVENTOR	FIRST NAME Tesfu	MIDDLE INITIAL	LAST NAME Mezghebe		
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878	
INVENTOR'S SIGNATURE: DATE:					
	FIRST NAME	MIDDLE INITIAL	LAST NAME		
FULL NAME OF INVENTOR	Marta		Corcoran		
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878	
INVENTOR'S SIG	NATURE:	D	ATE:		
	FIRST NAME	MIDDLE INITIAL	LAST NAME		
FULL NAME OF INVENTOR	Yoen Joo		Kim		
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zlp Code 20878	
INVENTOR'S SIGNATURE:DATE:					

FULL NAME OF INVENTOR	FIRST NAME Mingyan	MIDDLE INITIAL	LAST NAME Cao		
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878	
INVENTOR'S SIGNATURE: Mingyon Cau DATE: 08 Oct 15					

ASSIGNMENT

WHEREAS I, the below named inventor [hereinafter referred to as Assignor], have made an invention entitled:

An Improved Maufacturing Method

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NOW, THEREFORE, be it known that, for good and valuable consideration the receipt of which from assignee, is hereby acknowledged, I, as assignor, have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the assignee, its lawful successors and assigns, my entire right, title and interest in and to this invention and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof, and all rights to claim priority on the basis of such application, and all applications for Letters patent which may hereafter be filed for this invention in any foreign country and all Letters Patent which may be granted on this invention in any foreign country, and all extensions, renewals and reissues thereof; and I hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any foreign country whose duty it is to issue patents on applications as described above, to issue all Letters Patent for this invention to assignee, its successors and assigns, in accordance with the terms of this Assignment;

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FULL NAME OF INVENTOR	FIRST NAME Mary	MIDDLE INITIAL	LAST NAME Houchin	
ADDRESS	Street Address c/o Medimmune, LLC One Medimmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: My Laste: 19 Oct 205				