

## PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT4593879

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
BARBARA STONESTREET	06/30/2014
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	WOMEN & INFANTS HOSPITAL OF RHODE ISLAND
<b>Street Address:</b>	101 DUDLEY STREET
<b>City:</b>	PROVIDENCE
<b>State/Country:</b>	RHODE ISLAND
<b>Postal Code:</b>	02905
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	15407805
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(617)428-7045
<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>	
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<b>ATTORNEY DOCKET NUMBER:</b>	50890-007003
<b>NAME OF SUBMITTER:</b>	TODD ARMSTRONG, PH.D.
<b>SIGNATURE:</b>	/Todd Armstrong, Ph.D./
<b>DATE SIGNED:</b>	09/14/2017
<b>Total Attachments: 2</b>	
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source=50890-007002 Executed Assignment (Stonestreet)#page2.tif	

## ASSIGNMENT

For valuable consideration, I,

Full Name of Assignor	City	State (and Country if not USA)
Barbara STONESTREET	Providence	Rhode Island

hereby assign to

Full Name of Assignee	State of Incorporation	Business Address
Women & Infants Hospital of Rhode Island	Rhode Island	101 Dudley Street Providence, RI 02905

and to 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 one or more applications for United States Patent signed by me, identified as:

Title of Application	Filing Date	Serial Number
TREATMENT OF DISEASE USING INTER-ALPHA INHIBITOR PROTEINS	September 9, 2012	61/698,651
TREATMENT OF DISEASE USING INTER-ALPHA INHIBITOR PROTEINS	September 9, 2013	PCT/US2013/058791

and I authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment includes 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. This assignment also includes the right to sue for past acts of infringement, whether based on any patents listed herein, patents issuing from applications listed herein, or provisional rights from any patent applications listed herein.

IN WITNESS WHEREOF, I hereto set my hand and seal at Women's Infants Hospital, Providence,  
this 30 day of June, 2014 RI

Barbara Stonestreet L.S.  
**Barbara STONESTREET**

STATE OF RI :  
COUNTY OF USA : ss.

On this 30 day of June, 2014, before me, the undersigned notary public, personally appeared **Barbara STONESTREET**, proved to me through satisfactory evidence of identification, which consisted of driver's license, to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that she executed the same as her free act and deed for the purposes therein contained.

James R. Bell  
Notary Public

My Commission Expires: 7-1-14

[Notary's Seal Here]