

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
CAROLINA SOLANGE ILKOW	07/29/2013
JOHN CAMERON BELL	07/29/2013
FABRICE LE BOEUF	08/29/2013
RECEIVING PARTY DATA	
Name:	OTTAWA HOSPITAL RESEARCH INSTITUTE
Street Address:	501 SMYTH ROAD
City:	OTTAWA
State/Country:	CANADA
Postal Code:	K1H 8L6
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15919554
CORRESPONDENCE DATA	
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<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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ATTORNEY DOCKET NUMBER:	PAT 7522AW-2
NAME OF SUBMITTER:	ERIN STEFFEN
SIGNATURE:	/Erin Steffen/
DATE SIGNED:	03/16/2018
Total Attachments: 4	
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WORLDWIDE

ASSIGNMENT

We:

ILKOW, Carolina, Solange, Unit 13-2 Montcalm Street, Ottawa, Ontario, K1G 5K9, Canada

BELL, John, Cameron, 248 Knox Crescent, Ottawa, Ontario, K1G 0K8, Canada

LE BOEUF, Fabrice, 27 Rue Des Montagnais, Gatineau, Quebec J9J 1G1, Canada

for good and valuable consideration, the receipt and sufficiency of which is hereby
acknowledged, confirm that effective at least as early as **June 14, 2013**
we did sell and assign to:

**Ottawa Hospital Research Institute
501 Smyth Road
Ottawa, ON K1H 8L6
Canada**

all our right, title and interest in the United States of America, Canada, and all countries foreign
thereto, in and to the invention disclosed in U.S. Patent Application No. **61/835,446** filed **June**
14, 2013, relating to, and entitled:

COMPOSITIONS AND METHODS FOR ENHANCING VIRUS REPLICATION

and to any application for patent claiming priority therefrom, and to all our corresponding right,
title and interest in and to any patent issued therefrom, and to any patent issued from a
continuation, continuation-in-part, re-issue, divisional or re-examination application derived, or
claiming priority, from the above application.

We authorize the firm of Borden Ladner Gervais LLP to insert any further identification
necessary to make this assignment suitable for recordation in the Patent Offices of any country
as may be required.

<p>ILKOW, Carolina, Solange</p> <p>Executed at <u>OTTAWA</u> City</p> <p><u>ONTARIO, CANADA</u> Province/State, Country</p> <p>This <u>29</u> day of <u>July</u>, <u>2013</u> Day Month Year</p> <p><u>[Signature]</u> Signature</p>	<p>Witness:</p> <p>I, <u>ANDRUK FORTIN</u> Print Name</p> <p>whose full post office address is <u>1269 Grayrock Cr. Ottawa,</u> <u>Ontario, Canada, K2C 2A6</u></p> <p>was personally present and did see ILKOW, Carolina, Solange execute the within assignment and such assignor is personally known to me.</p> <p><u>[Signature]</u> Signature</p>
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<p>BELL, John, Cameron</p> <p>Executed at <u>OTTAWA</u> City</p> <p><u>ONTARIO, CANADA</u> Province/State, Country</p> <p>This <u>29</u> day of <u>07</u>, <u>2013</u> Day Month Year</p> <p><u>[Signature]</u> Signature</p>	<p>Witness:</p> <p>I, <u>ANDRUK FORTIN</u> Print Name</p> <p>whose full post office address is <u>1269 Grayrock, Ottawa,</u> <u>Ontario, K2C 2A6, Canada</u></p> <p>was personally present and did see BELL, John, Cameron execute the within assignment and such assignor is personally known to me.</p> <p><u>[Signature]</u> Signature</p>
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<p>LE BOEUF, Fabrice</p> <p>Executed at <u>Ottawa</u> City</p> <p><u>On</u> <u>Canada</u> Province/State, Country</p> <p>This <u>29</u> day of <u>08</u>, <u>2013</u>. Day Month Year</p> <p><u>[Signature]</u> Signature</p>	<p><u>Witness:</u></p> <p>I, <u>ANOUK FORTIN</u> Print Name</p> <p>whose full post office address is <u>1269 Greyrock cr. Ottawa</u> <u>Ontario, Canada, K2C 2A6</u></p> <p>was personally present and did see LE BOEUF, Fabrice execute the within assignment and such assignor is personally known to me.</p> <p><u>[Signature]</u> Signature</p>
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<p>Ottawa Hospital Research Institute</p> <p>Executed at <u>Ottawa</u> City</p> <p><u>ONTARIO, CANADA</u> Province/State, Country</p> <p>This <u>29</u> day of <u>Aug</u>, <u>2013</u>. Day Month Year</p> <p>By: Marisa Akow Director, Research Administration</p> <p>Title: _____</p> <p><u>[Signature]</u> Signature</p>	<p><u>Witness:</u></p> <p>I, <u>ANOUK FORTIN</u> Print Name</p> <p>whose full post office address is <u>1269 Greyrock cr. Ottawa</u> <u>Ontario, Canada, K2C 2A6</u></p> <p>was personally present and did see <u>MARISA AKOW</u> Name</p> <p>execute the within assignment and such representative is personally known to me.</p> <p><u>[Signature]</u> Signature</p>
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INSTRUCTIONS FOR COMPLETING ASSIGNMENT

The Assignment is a formal document evidencing the transfer of ownership of the invention from the inventors or company (Assignor) to another entity (Assignee).

Review:

Please Ensure that the following details are correct:

Inventors: Your name must match official documents such as driver's license or passport.
Ex. Joseph P. Doe (not Joe Doe), Michael S. Smith (not Mike Smith), etc.
Post office address must be correct and complete (home address, not work)

Company: The full corporate name and official corporate address must be used, as it appears on the Articles of Incorporation.

Instructions:

1. Fill in your location at the time of signing the Assignment (ex. Ottawa, Ontario, Canada).
2. Fill in both the day and month on which you signed the Assignment (ex. June 1, 2012).
3. If you make a handwritten change on the document (name, address), please have all inventors initial beside the change.
4. Sign the Assignment (in blue ink), in the presence of a witness or notary, on the line above your name. If signing on behalf of a company, please print the full name and title of the authorized Officer signing the Assignment on the lines below the signature.
5. Witness: Can be anyone over the age of 18 who knows you. Preferably, the witness should not be any of the inventors or the assignee representative. Have the witness fill in his or her name and address, and sign the Witness Statement. Alternately, the Assignment can be signed in the presence of a notary, who should duly notarize the Assignment.

Returning the Executed Assignment:

1. Please return the complete signed Assignment (not just the signature pages) by email to Nora Lenard at: nlenard@blg.com or by fax at: (778) 329-0752.
2. Please also return the original by mail to Borden Ladner Gervais LLP, 1200 Waterfront Centre, 200 Burrard Street, Vancouver, BC, Canada, V7X 1T2.
3. If you have any questions or require a new form due to errors on the Assignment, please contact Nora Lenard by email or by phone at (604) 640-4209.

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