

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
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EPAS ID: PAT4889475

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
MANUELA CORTI	05/18/2016
BARRY JOHN BYRNE	05/18/2016
RECEIVING PARTY DATA	
Name:	UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INCORPORATED
Street Address:	223 GRINTER HALL
City:	GAINESVILLE
State/Country:	FLORIDA
Postal Code:	32611
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15568961
CORRESPONDENCE DATA	
Fax Number:	(617)646-8646
<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:	617-646-8000
Email:	patents_PatrickW@wolfgreenfield.com
Correspondent Name:	PATRICK R.H. WALLER
Address Line 1:	600 ATLANTIC AVENUE
Address Line 2:	WOLF GREENFIELD
Address Line 4:	BOSTON, MASSACHUSETTS 02210
ATTORNEY DOCKET NUMBER:	U1197.70052US01
NAME OF SUBMITTER:	PATRICK R.H. WALLER
SIGNATURE:	/Patrick R.H. Waller/
DATE SIGNED:	03/29/2018
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 4	
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source=U119770052US01-INVDEC-CASI-PRW#page2.tif	
source=U119770052US01-INVDEC-CASI-PRW#page3.tif	

DECLARATION AND ASSIGNMENT

As a below-named inventor, I hereby declare that I believe I am the original inventor(s) or an original joint inventor of the subject matter which is claimed in the patent application for United States letters patent, entitled, "AAV VECTOR FOR TREATMENT OF FRIEDREICH'S ATAXIA," (the "Invention") that

☐ was signed by me/us on _____ (attached) and/or

☒ was filed on April 23, 2016, Serial No. PCT/US2016/029084;

(the "Application").

The Application was made or authorized to be made by me, and I have reviewed and understand its contents, including the claims.

I hereby acknowledge the duty to disclose information that is material to patentability of the Invention in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years or both.

By virtue of my employment, appointment, or affiliation with the University of Florida (the "University") and pursuant to the University Intellectual Property Policy and my Intellectual Property Agreement with the University, I have assigned all my rights in the Invention to the University or its assignee or designee. I hereby acknowledge that the University has designated the University of Florida Research Foundation, Incorporated (the "Foundation"), having an office at 223 Grinter Hall, Gainesville, Florida 32611, to be the assignee of its entire right, title, and interest in the Invention.

THEREFORE, for valuable consideration, the sufficiency and receipt of which I hereby acknowledge, I confirm and ratify the sale, assignment, and transfer to the Foundation, its successors and assigns, all my rights in the Invention, the Application, and all other patent applications and patents for the Invention which may be applied for or granted, including, all divisional, continuing, substitute, renewal, reissue, reexamination, counterpart, substitute, extension, and all other application for letters patent which are or have been filed for the Invention in the United States, its territorial possessions, and all foreign countries and in all patents and extensions which may be granted for the Application.

I hereby authorize and request patent office officials in the United States and in all foreign countries to issue any patents that are granted for the Application to the Foundation as the assignee of my entire right, title, and interest in the patents.

I hereby assign to the Foundation, its successors and assigns, all of my rights to sue for and recover damages and profits with respect to past infringements or unauthorized uses of any

patent that issues on the Application or unpaid royalties with respect to use of any rights in the Application that occurred before the execution of this Assignment.

I agree that, in regard to the Application, I will communicate to the Foundation or its representatives any facts that are known to me; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other application for letters patent; execute all necessary papers; make all rightful oaths; and generally do everything possible to aid the Foundation, its successors and assigns, to obtain and enforce all rights with respect to the Application in the United States, its territorial possessions, and all foreign countries.

Signed: Manuela Corti
Name: Manuela Corti
Address: 3 Turkey Creek, Alachua, FL 32615-9513

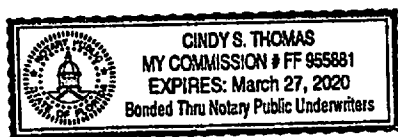
Date: May 18, 2016

State of Florida
County of Alachua

On this 18 day of May, 2016, Manuela Corti personally appeared before me, known by me to be the person described in the foregoing Assignment, who executed the foregoing Assignment, and who acknowledged the same to be his/her free act for the purposes set forth in the foregoing Assignment.

Cindy S. Thomas
Notary Public

My Commission Expires: 3-27-2020
SEAL



DECLARATION AND ASSIGNMENT

As a below-named inventor, I hereby declare that I believe I am the original inventor(s) or an original joint inventor of the subject matter which is claimed in the patent application for United States letters patent, entitled, "AAV VECTOR FOR TREATMENT OF FRIEDREICH'S ATAXIA," (the "Invention") that

- ☐ was signed by me/us on _____ (attached) and/or
☒ was filed on April 23, 2016, Serial No. PCT/US2016/029084;

(the "Application").

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By virtue of my employment, appointment, or affiliation with the University of Florida (the "University") and pursuant to the University Intellectual Property Policy and my Intellectual Property Agreement with the University, I have assigned all my rights in the Invention to the University or its assignee or designee. I hereby acknowledge that the University has designated the University of Florida Research Foundation, Incorporated (the "Foundation"), having an office at 223 Grinter Hall, Gainesville, Florida 32611, to be the assignee of its entire right, title, and interest in the Invention.

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I hereby authorize and request patent office officials in the United States and in all foreign countries to issue any patents that are granted for the Application to the Foundation as the assignee of my entire right, title, and interest in the patents.

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patent that issues on the Application or unpaid royalties with respect to use of any rights in the Application that occurred before the execution of this Assignment.

I agree that, in regard to the Application, I will communicate to the Foundation or its representatives any facts that are known to me; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other application for letters patent; execute all necessary papers; make all rightful oaths; and generally do everything possible to aid the Foundation, its successors and assigns, to obtain and enforce all rights with respect to the Application in the United States, its territorial possessions, and all foreign countries.

Signed: [Signature]
Name: Barry John Byrne
Address: 123 NW 23rd Street, Gainesville, FL 32607

Date: 18 May 2016

State of Florida
County of Alachua

On this 18 day of May, 2016, Barry John Byrne personally appeared before me, known by me to be the person described in the foregoing Assignment, who executed the foregoing Assignment, and who acknowledged the same to be his/her free act for the purposes set forth in the foregoing Assignment.

[Signature]
Notary Public

My Commission Expires: 3-27-2020
SEAL

