

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT4987530

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
DR ERIC WAVER	06/16/2015
DR CHRISTOPHER DETZEL	06/16/2015
DR ABIGAIL HENDERSON	06/16/2015
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	THE LAURIDSEN GROUP, INC
<b>Street Address:</b>	2425 SE OAK TREE COURT
<b>City:</b>	ANKENY
<b>State/Country:</b>	IOWA
<b>Postal Code:</b>	50021
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	14741173
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	
<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>	
<b>Email:</b>	kendra.eckbold@bipc.com
<b>Correspondent Name:</b>	BUCHANAN INGERSOLL & ROONEY
<b>Address Line 1:</b>	919 N. MARKET STREET, SUITE 1500
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<b>ATTORNEY DOCKET NUMBER:</b>	0086030-000015
<b>NAME OF SUBMITTER:</b>	KENDRA ECKBOLD
<b>SIGNATURE:</b>	/Kendra Eckbold/
<b>DATE SIGNED:</b>	05/31/2018
<b>Total Attachments: 2</b>	
source=Executed_Assignment#page1.tif	
source=Executed_Assignment#page2.tif	

UTILITY PATENT ASSIGNMENT

In consideration of One Dollar and other good and valuable considerations, the receipt and sufficiency of whereof are hereby acknowledged, Dr. Eric Weaver, Dr. Christopher Detzel, and Dr. Abigail Henderson (hereinafter called "ASSIGNORS") hereby assign, transfer and set over to:

The Lauridsen Group, Inc.  
2425 SE Oak Tree Court  
Ankeny, IA 50021

(hereinafter called "ASSIGNEE"), the entire worldwide right, title and interest in and to the invention known as, "METHODS AND COMPOSITIONS FOR TREATING CLOSTRIDIUM DIFFICILE ASSOCIATED DISEASE" for which a United States Patent Application was filed on June 16, 2015 as Serial No. 14/741,173; and all rights and privileges under any Letters Patent which may be granted thereon, including all rights, if any, to sue for past infringement.

ASSIGNORS hereby grant to the law firm of NYEMASTER GOODE, P.C. of Des Moines, Iowa, authority and power to insert on this instrument any further identification which may be necessary or desirable for purposes of recordation in the United States Patent and Trademark Office or a Patent Office of any foreign country.

Date June 16, 2015

[Signature]  
Dr. Eric Weaver

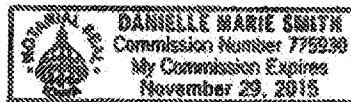
[Signature]  
Dr. Christopher Detzel

[Signature]  
Dr. Abigail Henderson

STATE OF IOWA )

COUNTY OF Polk )

) ss



Subscribed and sworn to before me this 16 day of June, 2015, by the above-named parties as their willful act and deed.

[Signature]  
Notary Public in and for the State of Iowa

Commission Expires: November 29, 2015

RECORDED: 06/17/2015

PATENT  
REEL: 035852 FRAME: 0567  
PATENT  
REEL: 045961 FRAME: 0435

# PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (571)-273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

21839 7590 04/03/2018  
**BUCHANAN, INGERSOLL & ROONEY PC**  
**POST OFFICE BOX 1404**  
**ALEXANDRIA, VIRGINIA 22313-1404**  
**UNITED STATES OF AMERICA**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
15/630,345	06/22/2017	Eric WEAVER	0086030-000015	6900

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR TREATING CLOSTRIDIUM DIFFICILE ASSOCIATED DISEASE

APPL. TYPE	ENTITY STATUS	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
REGULAR	UNDISCOUNTED	\$1000	\$0.00	\$0.00	\$1000	07/03/2018

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRASER, JENNIFER E	1645	424-150100

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list</p> <p>(1) The names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) The name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>	<p>1. Buchanan, Ingersoll &amp; Rooney PC</p> <p>2. _____</p> <p>3. _____</p>
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Lauridsen Group

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ankeny, IA (US)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The director is hereby authorized to charge the required fee(s), any deficiency, or credits any overpayment, to Deposit Account Number 024800 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ Applicant certifying micro entity status. See 37 CFR 1.29
- ☐ Applicant asserting small entity status. See 37 CFR 1.27
- ☐ Applicant changing to regular undiscounted fee status.

NOTE: Absent a valid certification of Micro Entity Status (see forms PTO/SB/15A and 15B), issue fee payment in the micro entity amount will not be accepted at the risk of application abandonment.

NOTE: If the application was previously under micro entity status, checking this box will be taken to be a notification of loss of entitlement to micro entity status.

NOTE: Checking this box will be taken to be a notification of loss of entitlement to small or micro entity status, as applicable.

NOTE: This form must be signed in accordance with 37 CFR 1.31 and 1.33. See 37 CFR 1.4 for signature requirements and certifications.

Authorized Signature Travis W. Bliss

Date May 29, 2018

Typed or printed name Travis W. Bliss

Registration No. 56,723