


PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5060266

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ARI ISAACS	07/20/2018
RECEIVING PARTY DATA	
Name:	IP MED, INC.
Street Address:	3571 HARGALE ROAD
City:	OCEANSIDE
State/Country:	NEW YORK
Postal Code:	11572
Name:	ACERUS BIOPHARMA INC.
Street Address:	2486 DUNWIN DR.
City:	MISSISSAUGA, ONTARIO
State/Country:	CANADA
Postal Code:	L5L1J9
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16071648
CORRESPONDENCE DATA	
Fax Number:	
<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:	212-940-8800
Email:	nycuspto@kattenlaw.com
Correspondent Name:	KATTEN MUCHIN ROSENMAN LLP
Address Line 1:	575 MADISON AVENUE
Address Line 4:	NEW YORK, NEW YORK 10022-2585
ATTORNEY DOCKET NUMBER:	INOV25749(100650-00180)
NAME OF SUBMITTER:	DAVID W. SCHALK
SIGNATURE:	/David W. Schalk/
DATE SIGNED:	07/20/2018
Total Attachments: 1	

**COMBINED DECLARATION and ASSIGNMENT (37 CFR 1.63) FOR
UTILITY OR DESIGN APPLICATION USING AN APPLICATION**

Title of Invention	MEDICAMENT DELIVERY DEVICE AND METHOD
<p>As the below named inventor, I hereby declare that:</p> <p>This declaration is directed to: <input checked="" type="checkbox"/> The attached application, or <input type="checkbox"/> United States application or PCT international application number _____ filed on _____</p> <p>The above-identified application was made or authorized to be made by me.</p> <p>I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.</p> <p>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.</p> <p>In consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and adequacy of which are hereby acknowledged, I hereby assign, convey, transfer, deliver, set over and vest to and in</p> <p style="text-align: center;">IP MED, INC. and ACERUS BIOPHARMA INC.</p> <p>a corporation of <u>U.S. and Canada</u> having a place of business at: 3571 Hargale Road, Oceanside, NY 11572, U.S. and 2486 Dunwin Dr., Mississauga, ON L5L1J9, Canada</p> <p>its successors and assigns, absolutely and forever, my entire right, title and interest in and to the invention listed above, together with the Application, any and all Patents that may issue in the United States, and any reissues, renewals, continuations, continuation-in-parts, divisionals or extensions thereof that may be issued or granted, and all right, title and interest to the inventions contained in said Patents and Applications, for the United States, and all the rights and privileges relating thereto including but not limited to the priority rights arising from said Applications, the right to recover and take all such proceedings as may be necessary for the recovery of damages or otherwise in respect of past, present and future infringement, and the right to apply for, take and maintain patents on said inventions.</p>	
LEGAL NAME OF INVENTOR	
Inventor: <u>Ari ISAACS</u>	Date: <u>7/20/2018</u>
Signature: 	
<small>Note: An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form. Use an additional form for each additional inventor.</small>	