

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT5342426

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Ralph Mazitschek	06/29/2015
Alexandra M. Courtis	07/29/2015
James Adam Hendricks	06/23/2015
RECEIVING PARTY DATA	
Name:	The General Hospital Corporation
Street Address:	55 Fruit Street
City:	Boston
State/Country:	MASSACHUSETTS
Postal Code:	02114
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16017638
CORRESPONDENCE DATA	
Fax Number:	(877)769-7945
<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) 368-2119
Email:	apsi@fr.com
Correspondent Name:	VASILY A. IGNATENKO
Address Line 1:	FISH & RICHARDSON P.C.
Address Line 2:	P.O.BOX 1022
Address Line 4:	MINNEAPOLIS, MINNESOTA 55440-1022
ATTORNEY DOCKET NUMBER:	29539-0075002
NAME OF SUBMITTER:	CHRISTINE M. GRACE
SIGNATURE:	/Christine M. Grace/
DATE SIGNED:	01/25/2019
Total Attachments: 6	
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ASSIGNMENT

For valuable consideration, the receipt of which we acknowledge, and intending to be bound legally, we, RALPH MAZITSCHKE, ALEXANDRA M. COURTIS, and JAMES ADAM HENDRICKS, each individually assign to THE GENERAL HOSPITAL CORPORATION, a corporation formed under the laws of Massachusetts and having a principal place of business at 55 Fruit Street, Boston, MA 02114, and its successors, transferees, and assignees (collectively the "Assignee"), all of our individual and joint right, title, and interest throughout the world in the subject matter (the "Subject Matter") of a patent application that names us as inventors, is titled "BODIPY DYES FOR BIOLOGICAL IMAGING", and was filed in the United States Patent and Trademark Office on March 31, 2015, as application 14/432,567 (the "Application").

This Assignment assigns (a) the Application and all other applications that may be made for, and all patents, utility models, design registrations, and other rights of exclusion and inventors' certificates for, any of the Subject Matter (collectively the "Applications and Granted Rights") in every country or region, (b) the right to claim priority based on and the benefit of the filing date of any of the Applications and Granted Rights under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other applicable treaties or conventions, and (c) the right to pursue, collect, and retain in the Assignee's name or otherwise, damages and any other remedies arising from any past, present, or future infringement of the Subject Matter, the Applications and Granted Rights, and any other rights assigned by this Assignment.

We authorize the Assignee to apply for and pursue protection for any or all of the Subject Matter, the Applications and Granted Rights, and any other rights assigned by this Assignment in all countries, regions, and territories of the world, in our names or in the Assignee's name.


We represent and warrant that we have the right and power to make this Assignment and that we have not made and will not make any other assignment that conflicts with this Assignment.

We will communicate to the Assignee (or at the request of the Assignee to other parties) all known facts in any form relating to the Subject Matter, will execute and provide all oaths and declarations, statements, testimony, assignments, powers of attorney, applications, and

documents, and will perform all other lawful acts necessary or desirable to secure fully to the Assignee the rights, titles, and interests assigned by this Assignment.

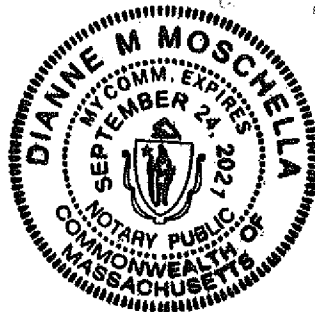
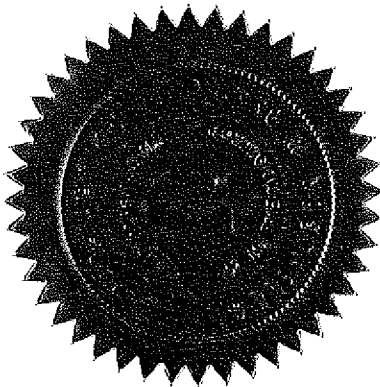
Ralph Mazitschek DATE: 06/29/15
Ralph Mazitschek

The Commonwealth of Massachusetts

MA / Suffolk ss. 

On this 29 day of June, 2015, before me, the undersigned notary public, personally appeared Ralph Mazitschek, proved to me through satisfactory evidence of identification, which were MA license, to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.

Dianne M Moschella
Notary Public



Alexandra M. Courtis
Alexandra M. Courtis

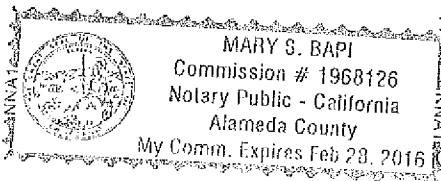
DATE: 7/29/2015

The Commonwealth of Massachusetts

STATE OF CA
COUNTY OF ALAMEDA
SS.



On this 29 day of July, 2015, before me, the undersigned notary public, personally appeared ALEXANDRA M. COURTIS, proved to me through satisfactory evidence of identification, which were CA ID, to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that SHE signed it voluntarily for its stated purpose.



Mary S. Bapi
Notary Public

SEE NOTARY'S CERTIFICATE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

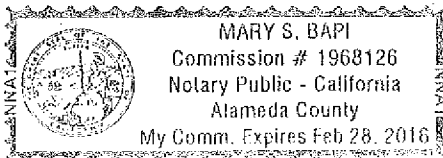
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
 County of ALAMEDA)
 On 07-29-2015 before me, MARY S. BAPI 'NOTARY PUBLIC'
 Date Here Insert Name and Title of the Officer
 personally appeared ALEXANDRA M. COURTS
 Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]
 Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

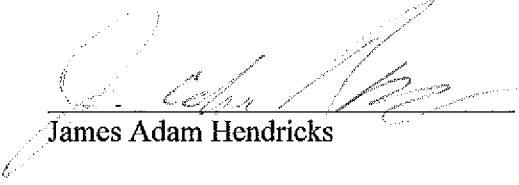
Description of Attached Document

Title or Type of Document: ASSIGNMENT Document Date: _____
 Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____


James Adam Hendricks

DATE: 6/23/2015

The Commonwealth of Massachusetts

Middlesex SS.



On this 23rd day of June, 2015, before me, the undersigned notary public, personally appeared James A Hendricks, proved to me through satisfactory evidence of identification, which were Driver's License, to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that _____ signed it voluntarily for its stated purpose.



Notary Public



SHAWN S. KARIMI
Notary Public
Commonwealth of Massachusetts
My Commission Expires
November 7, 2019

The Assignee hereby acknowledges and accepts the foregoing assignment.

Assignee: THE GENERAL HOSPITAL CORPORATION

Signature: Matthew Flinders

Date: 8/28/2015

Name: Matthew Flinders, JD
Sr. Intellectual Property Manager | Innovation

Title: on behalf of The General Hospital Corporation
Partners HealthCare

The Commonwealth of Massachusetts

_____. SS.



On this 28 day of August, 2015, before me, the undersigned notary public, personally appeared Matthew Flinders, proved to me through satisfactory evidence of identification, which were MA Driver's License, to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.

Tatiana Dubose

Notary Public

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