

## PATENT ASSIGNMENT COVER SHEET

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<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
MEGAN GARRITY-PARK	11/14/2011
THOMAS C. SMYRK	11/10/2011
EDWARD V. LOFTUS JR.	12/13/2011
WILLIAM J. SANDBORN	01/04/2012
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH
<b>Street Address:</b>	200 FIRST STREET S.W.
<b>City:</b>	ROCHESTER
<b>State/Country:</b>	MINNESOTA
<b>Postal Code:</b>	55905
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	16021700
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(877)769-7945
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<b>ATTORNEY DOCKET NUMBER:</b>	07039-1022002
<b>NAME OF SUBMITTER:</b>	J. PATRICK FINN III, PH.D., REG. #44,109
<b>SIGNATURE:</b>	/J. Patrick Finn III, Reg. No. 44,109/
<b>DATE SIGNED:</b>	01/28/2019
<b>Total Attachments: 6</b>	
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ASSIGNMENT

For valuable consideration, we, Megan Garrity-Park, of 312 5th Street S.W., Pine Island, MN 55963; Thomas C. Smyrk, of 1025 Hunters Point Lane S.W., Rochester, MN 55902; Edward V. Loftus, Jr., of 905 23rd Ave. S.W., Rochester, MN 55902; William J. Sandborn, of 2589 Wild Rose Lane S.W., Rochester, MN 55902; hereby assign to MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, a corporation of Minnesota, having a place of business at 200 First Street S.W., Rochester, MN 55905, and its successors and assigns (collectively hereinafter called “the Assignee”), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent, entitled MATERIALS AND METHODS FOR DETERMINING CANCER RISK, filed October 12, 2011, and assigned U.S. Serial Number 13/272,044, this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors’ certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

DATE: 11-14-2011

Megan Garrity Park  
MEGAN GARRITY-PARK

STATE OF Minnesota )  
COUNTY OF Olmsted ) SS.

On November 14, 2011, before me, the undersigned, a notary public for the State of Minnesota, there personally appeared MEGAN GARRITY-PARK personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in her authorized capacity and that by her signature on this Assignment, the person or the entity upon behalf of which she acted, executed this Assignment.

WITNESS my hand and official seal.



Kristi Rene Himle  
Notary Public

DATE: 10 NOV 2011

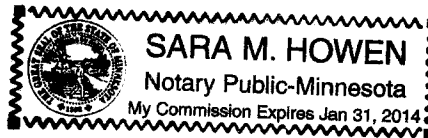
Thomas C Smyrk  
THOMAS C. SMYRK

STATE OF Minnesota )  
COUNTY OF Olmsted ) SS.

On November 10, 2011, before me, the undersigned, a notary public for the State of Minnesota, there personally appeared THOMAS C. SMYRK personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

Sara M Howen  
Notary Public







**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

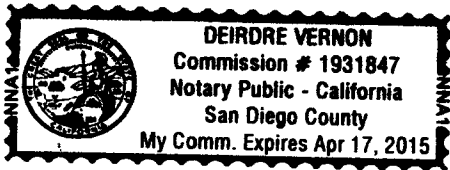
State of California

County of San Diego }

On 11/4/12 before me, Deirdre Vernon, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared William J. Sandborn  
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: [Handwritten Signature]  
Signature of Notary Public

Place Notary Seal and/or Stamp Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: Patent Assignment

Document Date: N/A Number of Pages: 5

Signer(s) Other Than Named Above: N/A

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Corporate Officer — Title(s): _____<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General<br><input type="checkbox"/> Attorney in Fact<br><input type="checkbox"/> Trustee<br><input type="checkbox"/> Guardian or Conservator<br><input type="checkbox"/> Other: _____ | <p style="text-align: center; margin: 0;"><b>RIGHT THUMBPRINT OF SIGNER</b></p> <p style="text-align: center; margin: 0;">Top of thumb here</p> | <input type="checkbox"/> Corporate Officer — Title(s): _____<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General<br><input type="checkbox"/> Attorney in Fact<br><input type="checkbox"/> Trustee<br><input type="checkbox"/> Guardian or Conservator<br><input type="checkbox"/> Other: _____ | <p style="text-align: center; margin: 0;"><b>RIGHT THUMBPRINT OF SIGNER</b></p> <p style="text-align: center; margin: 0;">Top of thumb here</p> |
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Signer Is Representing: Self Signer Is Representing: \_\_\_\_\_