# 505664103 09/10/2019

# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5710909

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

### **CONVEYING PARTY DATA**

Name	Execution Date
SERGEI ZOLOTUKHIN	07/20/2018
SANFORD L. BOYE	03/20/2018
SHANNON E. BOYE	03/20/2018
DAMIEN MARSIC	03/14/2018
NICHOLAS MUZYCZKA	11/29/2018
HECTOR RUBEN MENDEZ-GOMEZ	03/13/2018

### **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:	16547532

### **CORRESPONDENCE DATA**

**Fax Number:** (617)646-8646

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.

**Phone:** 617-646-8000

**Email:** patents\_PatrickW@wolfgreenfield.com

Correspondent Name: PATRICK R.H. WALLER
Address Line 1: 600 ATLANTIC AVENUE
WOLF GREENFIELD

Address Line 4: BOSTON, MASSACHUSETTS 02210

ATTORNEY DOCKET NUMBER:	U1197.70156US01
NAME OF SUBMITTER:	PATRICK R.H. WALLER
SIGNATURE:	/Patrick R.H. Waller/
DATE SIGNED:	09/10/2019

PATENT 505664103 REEL: 050328 FRAME: 0517

# Total Attachments: 12 source=U119770156US01-CASI-UF#page1.tif source=U119770156US01-CASI-UF#page2.tif source=U119770156US01-CASI-UF#page3.tif source=U119770156US01-CASI-UF#page4.tif source=U119770156US01-CASI-UF#page5.tif source=U119770156US01-CASI-UF#page6.tif source=U119770156US01-CASI-UF#page7.tif source=U119770156US01-CASI-UF#page8.tif source=U119770156US01-CASI-UF#page9.tif source=U119770156US01-CASI-UF#page10.tif source=U119770156US01-CASI-UF#page11.tif source=U119770156US01-CASI-UF#page11.tif

PATENT REEL: 050328 FRAME: 0518

As a below-named inventor, I hereby declare that I believe I am the original inventor(s) or an original joint inventor of a claimed invention in the patent application for United States letters patent, entitled, "AAV2 CAPSID VARIANTS FOR EFFICIENT TRANSDUCTION OF PHOTORECEPTORS, EPENDYMAL CELLS AND PURKINJE CELLS," (the "Invention") that

☐ was signed by me/us on	(attached) and/or
	l No. PCT/US2018/019050;
(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

Docket No.: U1197.70101WO00

1/2

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 count(ies).

Signed:

Name: Sergei Zolotukhin

Address: 1122 SW 96th Street, Gainesville, FL 32607

Date: 07-20-2018

State of Floridic County of Alachua

On this 20 day of \_\_\_\_\_\_\_, 20 lo Sergei Zolotukhin 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.

**Notary Public** 

My Commission Expires: SEAL

Parama and A

Notary Public State of Florida Comella T Frazier My Commission GG 121865

Docket No.: 1/1197.70101WO00

As a below-named inventor, I hereby declare that I believe I am the original inventor(s) or an original joint inventor of a claimed invention in the patent application for United States letters patent, entitled, "AAV2 CAPSID VARIANTS FOR EFFICIENT TRANSDUCTION OF PHOTORECEPTORS, EPENDYMAL CELLS AND PURKINJE CELLS," (the "Invention")
that

was signed by me/us on	(attached) and/or
	Serial No. PCT/US2018/019050;

(the "Application").

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Docket No.: U1197.70101WO00

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Signed: \_\_\_\_

Name: Sanford L. Boye

Address: 13807 NW 15th Lane, Gainesville, FL 32606

Date: 3-20-18

State of Floricla County of Alaching

On this <u>20</u> day of <u>March</u>, 20/8 Sanford L. Boye 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.

Notary Public

My Commission Expires:

**SEAL** 

LUGENIA PAYNE
Commission # GG 018824
Expires August 4, 2020
Bonded Thru Troy Fain Insurance 800-385-7019

Docket No.: U1197.70101WO00

	As a below-named inventor, I hereby declare that I believe I am the original inventor(s)
or an	original joint inventor of a claimed invention in the patent application for United States
letters	patent, entitled, "AAV2 CAPSID VARIANTS FOR EFFICIENT TRANSDUCTION OF
PHO	CORECEPTORS, EPENDYMAL CELLS AND PURKINJE CELLS," (the "Invention")
that	

was signed by me/us on	(attached) and/or
⊠ was filed on February 21, 2018, Seri	al No. PCT/US2018/019050;

(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.

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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

Docket No.: U1197.70101WO00

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:	Marnana	B14616) _	
0		4	

Name: Shannon E. Boye Address: 13807 NW 15<sup>th</sup> Lane, Gainesville, FL 32606

Date: 3 20 18

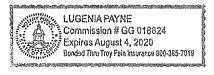
State of Florida County of Alachua

On this <u>20</u> day of <u>March</u>, 20/8, Shannon E. Boye 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.

Notary Public

My Commission Expires:

SEAL



Docket No.: U1197.70101WO00

As a below-named inventor, I hereby declare that I believe I am the original inventor(s)
or an original joint inventor of a claimed invention in the patent application for United States
letters patent, entitled, "AAV2 CAPSID VARIANTS FOR EFFICIENT TRANSDUCTION OF
PHOTORECEPTORS, EPENDYMAL CELLS AND PURKINJE CELLS," (the "Invention")
that

was signed by me/us or	(attached) and/or
■ was filed on February 2	

(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.

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Docket No.: U1197.70101WO00 1/2

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Signed:

Name: Damien Marsic

Address: 9700 Skyhill Way, Apt. 101, Rockville, MD 20850

County of \_\_\_\_\_

On this /4 day of // (217 2 h., 20/1) Damien Marsic 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.

My Commission Expire SÉAL

MARITZA FALCON NOTARY PUBLIC STATE OF MARYLAND My Commission Expires October 26, 2019

Docket No.: U1197.70101WO00

2/2

As a below-named inventor, I hereby declare that I believe I am the original inventor(s)
or an original joint inventor of a claimed invention in the patent application for United States
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Signed: Micholas Muzyczka
Name: Nicholas Muzyczka
Address: 9837 SW 67th Drive, Gainesville, FL 32608

Date: 11/29/2018

State of FL County of Alachua

On this 29th day of November, 2018, Nicholas Muzyczka 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.

My Commission Expires:

**SEAL** 

AMBER L. GAY Notary Public - State of Florida Commission # GG 179234 My Comm. Expires Jan 25, 2022 Bonded through National Notary Assn.

As a below-named inventor, I hereby declare that I believe I am the original inventor(s) or an original joint inventor of a claimed invention in the patent application for United States letters patent, entitled, "AAV2 CAPSID VARIANTS FOR EFFICIENT TRANSDUCTION OF PHOTORECEPTORS, EPENDYMAL CELLS AND PURKINJE CELLS," (the "Invention") that

☐ was signed by me/us on	(attached) and/or
☑ was filed on February 21, 2018, Serial No.	PCT/US2018/019050;
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The Application was made or authorized to be made by me, and I have reviewed and understand its contents, including the claims.

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Signed:
Name: Hector Ruben-Mendez-Gomez
Address: 2360 SW Archer Road, Apt. 1107, Gainesville, FL 32608-1050
Date: 3-13-18
State of FL County of Atachaa
On this 13 day of March, 2018, Hector Ruben Mendez-Gomez personally appeared before me, known by me to be the person described in the foregoing Assignment; who
executed the foregoing Assignment and who calculated the same to be highly foregoing.
executed the foregoing Assignment, and who acknowledged the same to be his/her free act for
the purposes set forth in the foregoing Assignment.



Laure A. Dulison Notary Public

My Commission Expires: July, 21, 2021

Docket No.: U1197.70101WO00

SEAL