

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
TATSURO YOSHIDA	06/05/2017
ANDREW DUNHAM	06/05/2017
RECEIVING PARTY DATA	
Name:	NEW HEALTH SCIENCES, INC.
Street Address:	99 HAYDEN AVENUE
Internal Address:	BUILDING B, SUITE 620
City:	LEXINGTON
State/Country:	MASSACHUSETTS
Postal Code:	02421
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16614683
CORRESPONDENCE DATA	
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<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>	
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NAME OF SUBMITTER:	MIRANDA A.M. HALLETT
SIGNATURE:	/Miranda A.M. Hallett/
DATE SIGNED:	11/19/2019
Total Attachments: 3	
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ASSIGNMENT

WHEREAS, I/we, the undersigned, have made certain invention or inventions which are disclosed in patent application(s) and/or provisional patent application(s) entitled:

Methods and Treatment of Trauma

identified as U.S. Application No. 62/508,783, filed May 19, 2017;

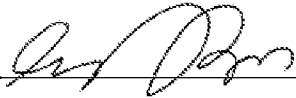
WHEREAS, **New Health Sciences, Inc.**, of 6903 Rockledge Drive, Suite 230, Bethesda, Maryland 20817-1818, a Corporation of the State of Delaware, is desirous of acquiring the entire right, title and interest in and to said invention or inventions and any and all patents to be obtained therefor;

NOW, THEREFORE, FOR GOOD AND VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, I/we do hereby sell, assign and transfer to said **New Health Sciences, Inc.**, its successors and assigns, the entire right, title and interest in and to said invention or inventions, in any form or embodiment thereof, and in and to said application(s); and in and to any and all applications filed in any country based thereon, including the right to file applications in countries other than the country of priority filing under the provisions of any international convention; also in and to any and all improvements on said invention or inventions now or hereafter made by me/us as employee(s), agent(s) or contractor(s) of said **New Health Sciences, Inc.**; also the entire right, title and interest in and to any and all patents, including reissues and extensions thereof, to be obtained in any country upon said invention, inventions or improvements; and any and all continuing applications, including divisional, continuation and continuation-in-part applications, substitute applications, and applications claiming benefit of an earlier filed provisional application, which may be filed upon said invention, inventions or improvements in any country; and

I/We hereby authorize and request the issuing authority to issue any and all patents on said application or applications to said **New Health Sciences, Inc.**, as assignee of the entire interest.

I/We further agree, without any payment by **New Health Sciences, Inc.** other than in reimbursement of reasonable expenses I/we may incur, to communicate to said **New Health Sciences, Inc.**, its representatives or agents, any facts relating to said invention, inventions or improvements, including evidence for purposes of interference, opposition or other legal proceedings, whenever requested; testify in any interference, opposition or other legal proceedings, whenever requested; and execute and deliver, on request, all lawful papers required to make any of the foregoing provisions effective.

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature:  Date: 5 June 2017

Name: Andrew DUHNAM

City and state or country of residence: Tower Lakes, Illinois

State of _____)
County of _____) ss.

On this _____ day of _____, 20____, before me personally appeared Andrew DUNHAM, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Notary Public or Consular Officer

My Commission expires _____

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.

Signature: _____

Date: June 5, 2017

Name: Tatsuro YOSHIDA

City and state or country of residence: West Newton, Massachusetts

State of _____)
County of _____) ss.

On this _____ day of _____, 20____, before me personally appeared Tatsuro YOSHIDA, known to me to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Notary Public or Consular Officer

My Commission expires _____