

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT5907286

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
CHARLES A. RODGERS	11/13/2018
MARK H. MCCASLIN	10/15/2018
DAVID D. WITTE	11/13/2018
JULIE CHIU-LEE HO	01/13/2020
JOHN NICHOLAS CAMERON	10/17/2018
RECEIVING PARTY DATA	
Name:	FORAGE GENETICS INTERNATIONAL, LLC
Street Address:	N5292 GILLS COULEE ROAD
City:	WEST SALEM
State/Country:	WISCONSIN
Postal Code:	54669
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16035133
CORRESPONDENCE DATA	
Fax Number:	(214)259-0910
<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>	
Email:	lerey.coker@dentons.com
Correspondent Name:	ROBERT E. HANSON
Address Line 1:	233 SOUTH WACKER DRIVE
Address Line 2:	SUITE 5900
Address Line 4:	CHICAGO, ILLINOIS 60606
ATTORNEY DOCKET NUMBER:	LLKS:004US
NAME OF SUBMITTER:	ROBERT E. HANSON
SIGNATURE:	/Robert E. Hanson/
DATE SIGNED:	01/13/2020
Total Attachments: 7	
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ASSIGNMENT

FOR GOOD AND VALUABLE CONSIDERATION, the receipt, sufficiency and adequacy of which are hereby acknowledged, the undersigned, does hereby:

SELL, ASSIGN AND TRANSFER to FORAGE GENETICS INTERNATIONAL, LLC (the "Assignee"), having a place of business at N5292 Gills Coulee Road, West Salem, Wisconsin, 54669, their entire right, title and interest for the United States and all foreign countries in and to any and all improvements which are disclosed in the applications for United States Letters Patent, Serial No. 16/035,133 which has been filed on July 13, 2018, and is entitled "ANTHRACNOSE RESISTANT ALFALFA PLANTS", to all divisional, continuing, substitute, renewal, reissue and all other applications for patent which have been or shall be filed in the United States and all foreign countries on any of such improvements; all original and reissued patents which have been or shall be issued in the United States and all foreign countries on such improvements; and specifically including the right to file foreign applications under the provisions of any convention or treaty and claim priority based on such application in the United States;

AUTHORIZE AND REQUEST the issuing authority to issue any and all United States and foreign patents granted on such improvements to the Assignee;

WARRANT AND COVENANT that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been or will be made to others by the undersigned, and that the full right to convey the same as herein expressed is possessed by the undersigned;

COVENANT, when requested and at the expense of the Assignee, to carry out in good faith the intent and purpose of this assignment, the undersigned will execute all divisional, continuing, substitute, renewal, reissue, and all other patent applications on any and all such improvements; execute all rightful oaths, declarations, assignments, powers of attorney and other papers; communicate to the Assignee all facts known to the undersigned relating to such improvements and the history thereof; and generally do everything possible which the Assignee shall consider desirable for vesting title to such improvements in the Assignee, and for securing, maintaining and enforcing proper patent protection for such improvements;

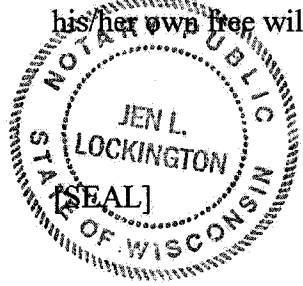
TO BE BINDING on the heirs, assigns, representatives and successors of the undersigned and extend to the successors, assigns and nominees of the Assignee.

Signature: Charles A. Rodgers
Name: Charles A. Rodgers

Date: 11/13/2018

STATE OF WI
COUNTY OF LACROSSE

BEFORE ME, the undersigned authority, on this 13 day of November, 2018 personally appeared Charles A. Rodgers, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same of his/her own free will for the purposes and consideration therein expressed.



Jen L. Lockington
Witness or Notary

Signature: _____
Name: Mark H. McCaslin

Date: _____

STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, on this ____ day of _____, 2018 personally appeared Mark H. McCaslin, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same of his/her own free will for the purposes and consideration therein expressed.

Witness or Notary

[SEAL]

TO BE BINDING on the heirs, assigns, representatives and successors of the undersigned and extend to the successors, assigns and nominees of the Assignee.

Signature: _____ Date: _____
Name: Charles A. Rodgers

STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, on this ____ day of _____, 2018 personally appeared Charles A. Rodgers, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same of his/her own free will for the purposes and consideration therein expressed.

Witness or Notary

[SEAL]

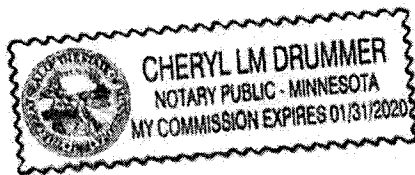
Signature: *[Handwritten Signature]* Date: 10/15/18
Name: Mark H. McCaslin

STATE OF Minnesota
COUNTY OF Scott

BEFORE ME, the undersigned authority, on this 15th day of October, 2018 personally appeared Mark H. McCaslin, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same of his/her own free will for the purposes and consideration therein expressed.

[Handwritten Signature]
Witness or Notary

[SEAL]

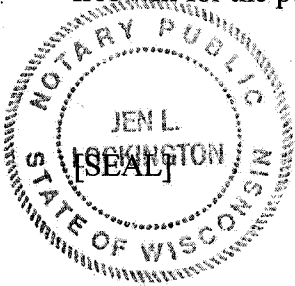


Signature: David D. Witte
Name: David D. Witte

Date: 11-13-2018

STATE OF WI
COUNTY OF LACROSSE

BEFORE ME, the undersigned authority, on this 13 day of November 2018 personally appeared David D. Witte, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same of his/her own free will for the purposes and consideration therein expressed.



Jen L. Skington
Witness or Notary

Signature: _____
Name: Julie Chiu-Lee Ho

Date: _____

STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, on this ____ day of _____, 2018 personally appeared Julie Chiu-Lee Ho, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same of his/her own free will for the purposes and consideration therein expressed.

Witness or Notary

[SEAL]

Signature: _____
Name: David D. Witte

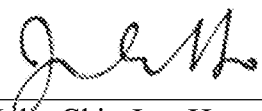
Date: _____

STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, on this ____ day of _____, 2018 personally appeared David D. Witte, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same of his/her own free will for the purposes and consideration therein expressed.

Witness or Notary

[SEAL]

Signature:  _____
Name: Julie Chiu-Lee Ho

Date: January 13, 2020

STATE OF California
COUNTY OF Yolo

BEFORE ME, the undersigned authority, on this ____ day of _____, 2018 personally appeared Julie Chiu-Lee Ho, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same of his/her own free will for the purposes and consideration therein expressed.

Witness or Notary

[SEAL]

Signature: _____

John M. Cameron

Name: John Nicholas Cameron

Date: 10-17-2018

STATE OF California
COUNTY OF Yolo

BEFORE ME, the undersigned authority, on this ____ day of _____, 2018 personally appeared John Nicholas Cameron, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same of his/her own free will for the purposes and consideration therein expressed.

Witness or Notary

[SEAL]

DENTONS US LLP
2000 McKinney Avenue, Suite 1900
Dallas, Texas 75201

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 YOLO)

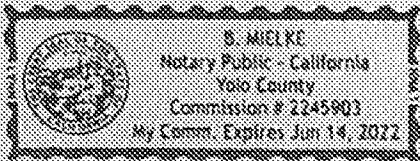
On 10/17/2018 before me, B. MIELKE, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared JOHN NICHOLAS CAMERON
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 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: 5

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: