

PATENT ASSIGNMENT COVER SHEET

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 Stylesheet Version v1.2

EPAS ID: PAT5948796

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
HARVEY LEE KASDAN	01/02/2020
JULIEN MEISSONNIER	01/03/2020
YOAV ZUTA	01/09/2020
MICHA ROSEN	01/01/2020
Yael HIMMEL	01/26/2020
YEHOShUA BRODER	01/07/2020
BRUCE DAVIS	01/02/2020
BRUCE GOLDMAN	01/02/2020
BOAZ GIRON	01/02/2020
ZION BOTESAZAN	01/02/2020
ELIEZER BLASBERG	12/26/2019
ILAN SEMMEL	01/08/2020
JACQUES ASCHKENASY	02/04/2020
RECEIVING PARTY DATA	
Name:	ACCELLIX LTD.
Street Address:	5 SHLOMO MOMO HALEVI ST., 2ND FLOOR, PIER B
Internal Address:	P.O. BOX 45409, HAR HOTZVIM
City:	JERUSALEM
State/Country:	ISRAEL
Postal Code:	9777019
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14646395
CORRESPONDENCE DATA	
Fax Number:	(646)878-0801
<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:	646-878-0800
Email:	USPTO@pearlcohen.com

Correspondent Name:	PEARL COHEN ZEDEK LATZER BARATZ LLP
Address Line 1:	1500 BROADWAY
Address Line 2:	12TH FLOOR
Address Line 4:	NEW YORK, NEW YORK 10036

ATTORNEY DOCKET NUMBER:	P-583132-US4
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NAME OF SUBMITTER:	NOA SEIBEL-DGANI
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SIGNATURE:	/NSD/
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DATE SIGNED:	02/06/2020
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Total Attachments: 12

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CONFIRMATORY ASSIGNMENT

This confirmatory assignment agreement ("Assignment"), is effective as of **May 21, 2015** ("Effective Date"), and is entered into by and between the undersigned, **Harvey Lee KASDAN** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409, Har Hotzvim, Jerusalem 9777019, Israel; **Julien MEISSONNIER** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409, Har Hotzvim, Jerusalem 9777019, Israel; **Yoav ZUTA** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409, Har Hotzvim, Jerusalem 9777019, Israel; **Micha ROSEN** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409 Har Hotzvim Jerusalem 9777019, Israel; **Yael HIMMEL** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409 Har Hotzvim Jerusalem 9777019, Israel; **Yehoshua BRODER** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409 Har Hotzvim Jerusalem 9777019, Israel; **Bruce DAVIS** residing at 700 Trillium Lane, Clifton, Maine 04428, USA; **Bruce GOLDMAN** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409 Har Hotzvim Jerusalem 9777019, Israel; **Boaz GIRON** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409 Har Hotzvim Jerusalem 9777019, Israel; **Zion BOTESAZAN** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409 Har Hotzvim Jerusalem 9777019, Israel; **Eliczer BLASBERG** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409 Har Hotzvim Jerusalem 9777019, Israel; **Ilan SEMMEL** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409 Har Hotzvim Jerusalem 9777019, Israel; **Jacques ASCHKENASY** residing at c/o Accellix Ltd., 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409 Har Hotzvim Jerusalem 9777019, Israel; (hereinafter, the "Assignor")

and **ACCELLIX LTD.**, an Israeli company located at 5 Shlomo Momo Halevi St., 2nd floor, Pier B, P.O. Box 45409, Har Hotzvim Jerusalem, 9777019, Israel, its successors, assigns and legal representatives (hereinafter, the "Assignee"), for good and valuable consideration, the receipt and sufficiency of which are acknowledged, Assignor hereby memorializes and confirms the assignment to Assignee and its successors, assigns and legal representative, of Assignor's entire right, title and interest, both legal and equitable, throughout the world, for United States Patent Application No. **14/646,395**, filed on **May 21, 2015**, which is a National Phase Application of PCT International Application No. **PCT/IL2013/000092**, PCT International filing date **December 17, 2013** and is entitled:

SYSTEMS AND METHODS FOR DETERMINING A CHEMICAL STATE

and inventions disclosed therein, including all continuations, divisionals and continuations-in-part of any of the foregoing, patents issuing from any of the foregoing, and reissues, substitutes, renewals, reexaminations, supplemental examinations, inter partes reviews, oppositions, post-grant reviews, and foreign equivalents thereof and supplementary protection certificates or other extensions allowed on any of the foregoing, including without limitation to claim priority benefit of or to said patent applications for Assignee's own use and enjoyment, and for the use and enjoyment of its successors, assigns or other legal representatives as fully and entirely as the same would have been held and enjoyed by Assignor if this Agreement and sale had not been made; together with all income, royalties, damages or payments due or payable as of the Effective Date or thereafter, including, without limitation, all claims for damages by reason of past, present or future infringement or other unauthorized use of the Patent Rights, with the right to sue for, and collect the same for its own use and enjoyment, and for the use and enjoyment of its successors, assigns, or other legal representatives.

The parties execute this valid, binding, and enforceable agreement by their authorized signatures below.

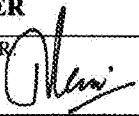
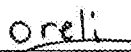
FULL NAME OF INVENTOR: Harvey Lee KASDAN	FULL NAME OF WITNESS: <i>Gabi Frei</i>
SIGNATURE OF INVENTOR: <i>Harvey Lee Kasdan</i>	SIGNATURE OF WITNESS: <i>Gabi Frei</i>
DATE: <u>02/01/2020</u> (day / month / year)	ADDRESS OF WITNESS: <i>Nachal Dalev 51/5 Bet Shemesh, Israel</i>

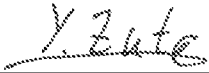
FULL NAME OF INVENTOR: Julien MEISSONNIER	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

and inventions disclosed therein, including all continuations, divisionals and continuations-in-part of any of the foregoing, patents issuing from any of the foregoing, and reissues, substitutes, renewals, reexaminations, supplemental examinations, inter partes reviews, oppositions, post-grant reviews, and foreign equivalents thereof and supplementary protection certificates or other extensions allowed on any of the foregoing, including without limitation to claim priority benefit of or to said patent applications for Assignee's own use and enjoyment, and for the use and enjoyment of its successors, assigns or other legal representatives as fully and entirely as the same would have been held and enjoyed by Assignor if this Agreement and sale had not been made; together with all income, royalties, damages or payments due or payable as of the Effective Date or thereafter, including, without limitation, all claims for damages by reason of past, present or future infringement or other unauthorized use of the Patent Rights, with the right to sue for, and collect the same for its own use and enjoyment, and for the use and enjoyment of its successors, assigns, or other legal representatives.

The parties execute this valid, binding, and enforceable agreement by their authorized signatures below.

FULL NAME OF INVENTOR: Harvey Lee KASDAN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Julien MEISSONNIER	FULL NAME OF WITNESS: Oreli MEISSONNIER
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS: 
DATE: 03/01/2020 (day / month / year)	ADDRESS OF WITNESS: SKolman 511 99875 ZORHABASSA, ISRAEL

FULL NAME OF INVENTOR: Yoav ZUTA	FULL NAME OF WITNESS: Nadav berkovitz
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS: 
DATE: <u>01/09/2020</u> (day / month / year)	ADDRESS OF WITNESS: Zecharia 2, Tel Aviv, Israel

FULL NAME OF INVENTOR: Micha ROSEN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Yael HIMMEL	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Yehoshua BRODER	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

Docket No.: P-583132-US4

FULL NAME OF INVENTOR: Yoav ZUTA	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Micha ROSEN	FULL NAME OF WITNESS: <i>Michael Nehrer</i>
SIGNATURE OF INVENTOR: <i>Micha Rosen</i>	SIGNATURE OF WITNESS: <i>Michael Nehrer</i>
DATE: <u>1/1/2020</u> (day / month / year)	ADDRESS OF WITNESS: <i>Hogdon 8a/7 Netanya 4535820</i>

FULL NAME OF INVENTOR: Yael HIMMEL	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Yehoshua BRODER	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Yoav ZUTA	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Micha ROSEN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Yael HIMMEL	FULL NAME OF WITNESS: <i>Yair Elia</i>
SIGNATURE OF INVENTOR: <i>[Signature]</i>	SIGNATURE OF WITNESS: <i>[Signature]</i>
DATE: <i>26 Jan 2020</i> (day / month / year)	ADDRESS OF WITNESS: <i>Hosna 10 B Mt 16, Ramat Gan</i>

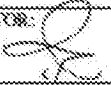
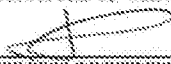
FULL NAME OF INVENTOR: Yehoshua BRODER	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

Docket No.: P-583132-USA

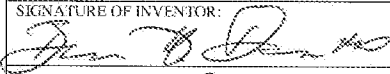
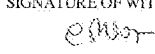
FULL NAME OF INVENTOR: Yosav ZUTA	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Micha ROSEN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Yael HIMMEL	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Yehochus BRODER	FULL NAME OF WITNESS: Dikla Shimoni
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS: 
DATE: 7/1/2020 (day / month / year)	ADDRESS OF WITNESS: Bluga Maoz st 4 Apt 40 Tel

Docket No.: P-583132-US4

FULL NAME OF INVENTOR: Bruce DAVIS	FULL NAME OF WITNESS: <i>Cidalia Pina Ver</i>
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS: 
DATE: <u>2 Jan 2020</u> (day / month / year)	ADDRESS OF WITNESS: <i>Rua Emerico Vago Oliveira, n°15 44350-564 Lagoa Vermelha, RJ, Brazil</i>

FULL NAME OF INVENTOR: Bruce GOLDMAN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Boaz GIRON	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Zion BOTESAZAN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Bruce DAVIS	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

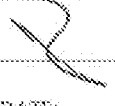
FULL NAME OF INVENTOR: Bruce GOLDMAN	FULL NAME OF WITNESS: <i>Evan Goldman</i>
SIGNATURE OF INVENTOR: <i>Bruce Goldman</i>	SIGNATURE OF WITNESS: <i>Evan Goldman</i>
DATE: <i>02/01/2020</i> (day / month / year)	ADDRESS OF WITNESS: <i>661 Teredo Drive Redwood City CA 94065 USA</i>

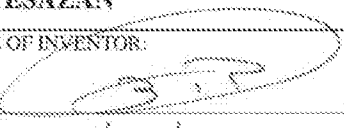
FULL NAME OF INVENTOR: Boaz GIRON	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

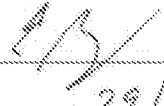
FULL NAME OF INVENTOR: Zion BOTESAZAN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

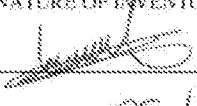
FULL NAME OF INVENTOR: Bruce DAVIS	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Bruce GOLDMAN	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Boaz GIRON	FULL NAME OF WITNESS: <i>Deborah Kaufmann</i>
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS: <i>dKaufmann</i>
DATE: <u>02/01/20</u> (day / month / year)	ADDRESS OF WITNESS: <i>2/4 Nahal Katlav, Ramat Bet Shemesh, Israel</i>

FULL NAME OF INVENTOR: Zion BOTESAZAN	FULL NAME OF WITNESS: <i>Deborah Kaufmann</i>
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS: <i>dKaufmann</i>
DATE: <u>02/01/20</u> (day / month / year)	ADDRESS OF WITNESS: <i>2/4 Nahal Katlav, Ramat Bet Shemesh, Israel</i>

FULL NAME OF INVENTOR: Eliezer BLASBERG	FULL NAME OF WITNESS: <i>Deborah Kaufmann</i>
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS: <i>dkaufman</i>
DATE: <i>29/12/2019</i> (day / month / year)	ADDRESS OF WITNESS: <i>2/4 Nahal Kattav, Ramat Bet Shemesh, Israel</i>

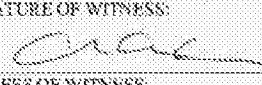
FULL NAME OF INVENTOR: Ilan SEMMEL	FULL NAME OF WITNESS: <i>Deborah Kaufmann</i>
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS: <i>dkaufman</i>
DATE: <i>08/01/2020</i> (day / month / year)	ADDRESS OF WITNESS: <i>2/4 Nahal Kattav, Ramat Bet Shemesh, Israel</i>

FULL NAME OF INVENTOR: Jacques ASCHKENASY	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

Docket No.: P-583132-USA

FULL NAME OF INVENTOR: Eliezer BLASBERG	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Ilan SEMMEL	FULL NAME OF WITNESS:
SIGNATURE OF INVENTOR:	SIGNATURE OF WITNESS:
DATE: _____ (day / month / year)	ADDRESS OF WITNESS:

FULL NAME OF INVENTOR: Jacques ASCHKENASY	FULL NAME OF WITNESS: CLAIRE LEVER
SIGNATURE OF INVENTOR: 	SIGNATURE OF WITNESS: 
DATE: 4 / 12 / 2020 (day / month / year)	ADDRESS OF WITNESS: REMOX DAN 29 JERUSALEM