

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
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EPAS ID: PAT6035539

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
WALLACE GREGORY SAWYER	10/29/2019
THOMAS ETTOR ANGELINI	10/11/2019
STEVEN CRAIG GHIVIZZANI	03/22/2019
TAPOMOY BHATTACHARJEE	03/25/2020
GLYN DANIEL PALMER	04/04/2019
RECEIVING PARTY DATA	
Name:	UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.
Street Address:	223 GRINTER HALL
City:	GAINESVILLE
State/Country:	FLORIDA
Postal Code:	32611
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15571866
CORRESPONDENCE DATA	
Fax Number:	(770)951-0933
<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:	7709339500
Email:	sandy.gellineau@thomashorstemeyer.com
Correspondent Name:	THOMAS HORSTEMEYER, LLP
Address Line 1:	3200 WINDY HILL ROAD SE
Address Line 2:	SUITE 1600E
Address Line 4:	ATLANTA, GEORGIA 30339
ATTORNEY DOCKET NUMBER:	222108-1410
NAME OF SUBMITTER:	SANDY GELLINEAU
SIGNATURE:	/sandy gellineau/
DATE SIGNED:	03/27/2020
This document serves as an Oath/Declaration (37 CFR 1.63).	

Total Attachments: 6

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DECLARATION AND ASSIGNMENT

As a below-named inventor, I/we hereby declare that I/we believe I/we am/are the original inventor(s) or an original joint inventor of the subject matter which is claimed in the patent application for United States letters patent, entitled, "GROWTH MEDIA FOR THREE-DIMENSIONAL CELL CULTURE" (the "Invention") that

was signed by me/us on _____ (attached) and/or
 was filed on November 6, 2017, Serial No. 15/571,866 (the "Application").

The Application was made or authorized to be made by me, and I/we have reviewed and understand its contents, including the claims.

I/we 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/we 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/our 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/we have assigned all my/our rights in the Invention to the University or its assignee or designee. I/we hereby acknowledge that the University has designated the University of Florida Research Foundation, Incorporated (the "Foundation") 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/we hereby acknowledge, I/we confirm and ratify the sale, assignment, and transfer to the Foundation, its successors and assigns, all my/our 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 applications 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/We 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/our entire right, title, and interest in the patents.

I/We hereby assign to the Foundation, its successors and assigns, all of my/our rights to sue for and recover damages and profits with respect to past infringements or unauthorized uses of any patent that issues on the Application or unpaid royalties with respect to use of any rights in the Application that occurred before the execution of this Assignment.

I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications 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: WG Sawyer
Name: **WALLACE GREGORY SAWYER**
Address: 610 NW 89th Street
Gainesville, FL 32607

Date: 10/24/19

State of Florida
County of Alachua

On this 24 day of October, 2019, **WALLACE GREGORY SAWYER** 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.


[Signature]
Notary Public

My Commission Expires: 2/28/21
SEAL



Melanie N. DeProspero
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG068925
Expires 2/28/2021

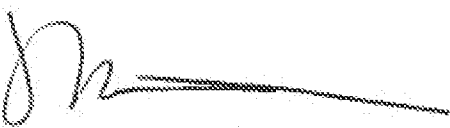
I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications for letters 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: 
Name: THOMAS ETTOR ANGELINI
Address: 2021 NW 27th Drive
Gainesville, FL 32605

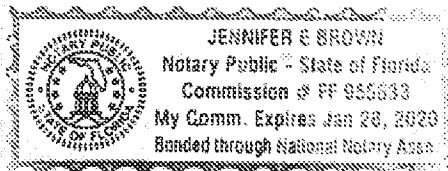
Date: 10/11/19

State of Florida
County of Alachua

On this 11 day of October, 2019, THOMAS ETTOR ANGELINI 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



I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications 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.

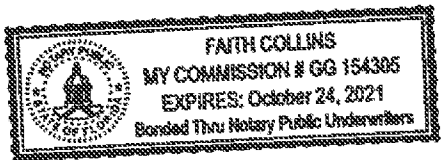
Signed: 
Name: STEVEN CRAIG GHIVIZZANI
Address: 9916 SW 19th Lane
Gainesville, FL 32607

Date: 3/22/2019

State of Florida
County of Alachua

On this 22 day of March 2019, STEVEN CRAIG GHIVIZZANI 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

G125.783.583330

I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications 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.

Date: 03/25/2020

Signature: *Tapomoy Bhattacharjee*
Inventor: **TAPOMOY BHATTACHARJEE**
Address: **28/21 F Road, Flat No. F2, Kalyani
Apartment
Barrackpore, Kolkata, WB7001122, India**

WITNESS ONE:

Date: _____


Signature: _____
Address:
City, State, Zip

WITNESS TWO:

Date: _____

Signature: _____
Address:
City, State, Zip

I/We agree that, in regard to the Application, I/we will communicate to the Foundation or its representatives any facts that are known to me/us; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuing, substitute, renewal, reissue, and other applications 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: 
Name: GLYN DANIEL PALMER
Address: 4985 NW 41 Lane, Apt 4312
Gainesville, FL 32606

Date: 4/4/19

State of Florida
County of Alachua

On this 4th day of April, 2019, GLYN DANIEL PALMER 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

