

PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT6070122

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ELVIRE GOUZE	06/20/2018
RECEIVING PARTY DATA	
Name:	THERACHON SAS
Street Address:	2000 ROUTE DES LUCIOLES
Internal Address:	LES ALGORITHMES - ARISTOTE A
City:	BIOT
State/Country:	FRANCE
Postal Code:	06410
Name:	INSERM (INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICALE)
Street Address:	101 RUE DE TOLBIAC
City:	PARIS
State/Country:	FRANCE
Postal Code:	75013
Name:	UNIVERSITÉ NICE SOPHIA ANTIPOLIS
Street Address:	28 AVENUE DE VALROSE
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State/Country:	FRANCE
Postal Code:	06103
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16417174
CORRESPONDENCE DATA	
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Correspondent Name:	ROBERT N. SAHR

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ATTORNEY DOCKET NUMBER:	P1139.70004US03
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NAME OF SUBMITTER:	ROBERT N SAHR
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SIGNATURE:	/Robert N. Sahr/
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DATE SIGNED:	04/21/2020
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Total Attachments: 5

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ASSIGNMENT

For valuable consideration, I,

Full Name of Assignor	City	State (and Country if not USA)
Elvire Gouze	Vallauris	France

hereby assign to

Full Name of Assignee	Business Address
Therachon SAS	2000 route des lucioles, Les Algorithmes - Aristote A Blot, FR 06410
INSERM (Institut National de la Sante et de la Recherche Medicale)	101 rue de Tolbiac Paris, FR 75013
Université Nice Sophia Antipolis	28 avenue de Valrose Nice, FR 06103

and to its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title, and interest throughout the world in the inventions and improvements which are subject of one or more applications for United States Patent signed by me, identified as:

Title of Application	Filing Date	Serial Number
SOLUBLE FIBROBLAST GROWTH FACTOR RECEPTOR 3 (SFGFR3) POLYPEPTIDES AND USES THEREOF	July 7, 2017	PCT/EP2017/057119

and I authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment includes said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name or in its own name for patents, utility models, design registrations, and like rights of exclusion, and for inventors' certificates for said inventions and improvements; and I agree for me and my respective heirs, legal representatives and assigns, without further compensation, to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements, and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment. This assignment also includes the right to sue for past acts of infringement, whether based on any patents listed herein, patents issuing from applications listed herein, or provisional rights from any patent applications listed herein.

ASSIGNOR:

Elvire
Elvire Gouze

Jul 2nd, 2018
Date

Witness:

[Signature]
Signature

June 10th 2018
Date

GOUZE Jean-Noel
Printed name

ASSIGNEES:

For Therachon SAS:

Luca Santarelli
Chief Executive Officer

_____, June 20 2018
Date

Witness:

Signature

Printed name

Richard Porter
Chief Operating Officer

_____, June 20 2018
Date

Date

ASSIGNEE

For: INSERM (Institut National de la
Santé et de la Recherche Médicale)

Date _____

Representative Name: _____

Representative Title: _____

Witness: _____

Signature _____

Date _____

Printed name _____

ASSIGNEE

For: Université Nice Sophia Antipolis

Date _____

30 NOV. 2018

Representative Name: Emmanuel TRIC

Representative Title: Président

Pour le Président de l'Université Nice Sophia Antipolis
et par dérogation
Le Directeur Général des Services

CHRISTOPHE WANNER

Witness: _____

Signature _____

Date _____

30 NOV. 2018

Laura CUEISSI
Printed name

ASSIGNEE

For: INSERM (Institut National de la
Santé et de la Recherche Médicale)

Date 27-11-18

Representative Name: Denise HIRSCH
Director Protection and
Representative Title: Institutional Partnerships

INSTITUT NATIONAL de la SANTE
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101, rue de Tolbiac
75013 PARIS - FRANCE

Witness:

[Signature]
Signature

Date 27-11-18

Sophie PINEAU
Printed name

ASSIGNEE

For: Université Nice Sophia Antipolis

Date _____

Representative Name: _____

Representative Title: _____

Witness:

Signature _____

Date _____

Printed name _____