506092770 06/05/2020

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
TATSURO YOSHIDA	07/02/2012
PAUL VERNUCCI	07/02/2012

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: 2

Property Type	Number
Application Number:	16785049
Application Number:	15811481

CORRESPONDENCE DATA

Fax Number: (202)942-5999

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.

Phone: 2029425000

Email: sandra.tartisel@arnoldporter.com, IPDocketing@arnoldporter.com

Correspondent Name: ARNOLD & PORTER KAYE SCHOLER Address Line 1: 601 MASSACHUSETTS AVENUE, NW

Address Line 2: ATTN: IP DOCKETING
Address Line 4: WASHINGTON, D.C. 20001

ATTORNEY DOCKET NUMBER:	P33967
NAME OF SUBMITTER:	MIRANDA A.M. HALLETT
SIGNATURE:	/Miranda A.M. Hallett/
DATE SIGNED:	06/05/2020

Total Attachments: 3

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PATENT REEL: 052849 FRAME: 0972

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:

SYSTEM FOR EXTENDED STORAGE OF RED BLOOD CELLS

identified as U.S. Application No. 61/504,640, filed July 5, 2011; and identified as U.S. Application No. 61/504,644, filed July 5, 2011.

WHEREAS, New Health Sciences, Inc., of 6903 Rockledge Drive, Suite 230, Bethesda, Maryland, 20817-1818, a Corporation of the State of Delaware, (hereinafter "ASSIGNEE") 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 ASSIGNEE, 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 ASSIGNEE; 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 ASSIGNEE, as assignee of the entire interest.

I/We further agree, without any payment by ASSIGNEE other than in reimbursement of reasonable expenses I/we may incur, to communicate to said ASSIGNEE, 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.

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signatures.
Signature: Date: 7/1/2012 Name: Tatsuro Yoshida
City and state or country of residence: West Newton, Massachusetts
State of Rhocle Island)) ss. County of Providence)
On this Z day of July, 2012, before me personally appeared to 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.
KIMBERLY MURPHY Notary Public-State of Rhode Island My Commission Expires November 24, 2015 (seal) Notary Public or Consular Officer
My Commission expires 11/24/15

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

IN TESTIMONY WHEREOF, I/we have hereto set our hands on the dates set after our signatures.
Signature: Pul Nm Date: 7/2/24/2
Name: Paul Vernucci
City and state or country of residence: Billerica, Massachusetts
State of Rhocke Island)) ss. County of Pavidence)
On this 2 day of 2012, before me personally appeared 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) Kimberly Murphy Notary Public-State of Rhode Island My Commission Expires November 24, 2015 Notary Public or Consular Officer
My Commission expires