

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	DAVID F. STOJDL	07/24/2012
RECEIVING PARTY DATA		
Name:	CHILDREN'S HOSPITAL OF EASTERN ONTARIO RESEARCH INSTITUTE INC.	
Street Address:	401 SMYTH ROAD	
City:	OTTAWA	
State/Country:	CANADA	
Postal Code:	K1H 8L1	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	17020490
CORRESPONDENCE DATA		
Fax Number:	(778)329-0752	
<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:	ipmailvancouver@blg.com	
Correspondent Name:	BORDEN LADNER GERVAIS LLP	
Address Line 1:	1200 WATERFRONT CENTRE	
Address Line 2:	200 BURRARD STREET, P.O. BOX 48600	
Address Line 4:	VANCOUVER, CANADA V7X 1T2	
ATTORNEY DOCKET NUMBER:	PAT 7137BW-2	
NAME OF SUBMITTER:	ERIN STEFFEN	
SIGNATURE:	/Erin Steffen/	
DATE SIGNED:	09/14/2020	
Total Attachments: 3		
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source=PAT_7137BW-2_-_Assignment#page3.tif		

ASSIGNMENT

I:

STOJDL, David, F., 17 Great Oak Pvt. Ottawa, Ontario, K1G 6P7, Canada

for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, confirm that effective at least as early as **June 8, 2011**, I do sell and assign to:

**CHILDREN'S HOSPITAL OF EASTERN ONTARIO RESEARCH
INSTITUTE INC.
401 Smyth Road
Ottawa, Ontario, K1H 8L1
Canada**

all my right, title and interest in the United States of America, Canada, and all countries foreign thereto, in and to the invention(s) disclosed in PCT Patent Application No. **CA2012/050385** filed **June 7, 2012**, relating to and entitled:

COMPOSITIONS AND METHODS FOR GLIOBLASTOMA TREATMENT

and claiming priority from:

US Patent Application No. **61/494,628**, filed on **June 8, 2011**, and entitled:

GLIOBLASTOMA TREATMENT

and to any application for patent arising therefrom, and to all my corresponding right, title and interest in and to any patent issued therefrom, and to any patent issued from a continuation, continuation-in-part, re-issue, divisional or re-examination application derived from or claiming priority to the above application.

I authorize the firm of Borden Ladner Gervais LLP to insert any further identification necessary to make this assignment suitable for recordation in the Patent Offices of any country as may be required.

SIGNED at

Ottawa

CANADA

City or Town

Country

this 24 day of July, 2012

STOJDL, David, F.

STATEMENT BY WITNESS

I, Maura Campbell whose full post office address is
(name of witness)

6835 South Village Drive
Greely, Ontario, K4P 0A5

was personally present and did see **STOJDL, David, F.** execute the within assignment and such assignor is personally known to me to be the person described in such document.

Maura Campbell
Signature of Witness

SIGNED at

Ottawa

Canada

City or Town

Country

this 2nd day of August, 2012

for

**CHILDREN'S HOSPITAL OF EASTERN
ONTARIO RESEARCH INSTITUTE INC.**

By: D. Joe Irvine

Title: D. Joe Irvine

D. Joe Irvine
Directeur, VRTT
Director, TTBE
uOttawa

STATEMENT BY WITNESS

I, MONICA BATALLANOS whose full post office address is
(name of witness)

18-28 HOGAN ST. OTTAWA, ON K2E5E9

was personally present and did see D. JOE IRVINE
execute the within assignment and such assignee is personally known to me
to be the person described in such document.

[Signature]
Signature of Witness

INSTRUCTIONS FOR COMPLETING ASSIGNMENT

The Assignment is a formal document evidencing the transfer of ownership of the invention from the inventors or company (Assignor) to another entity (Assignee).

Review:

Please Ensure that the following details are correct:

Inventors: Your name must match official documents such as driver's license or passport.

Ex. Joseph P. Doe (not Joe Doe), Michael S. Smith (not Mike Smith), etc.

Post office address must be correct and complete (home address, not work)

Company: The full corporate name and official corporate address must be used, as it appears on the Articles of Incorporation.

Instructions:

1. Fill in your location at the time of signing the Assignment (ex. Ottawa, Ontario, Canada).
2. Fill in both the day and month on which you signed the Assignment (ex. June 1, 2012).
3. If you make a handwritten change on the document (name, address), please have all inventors initial beside the change.
4. Sign the Assignment (in blue ink), in the presence of a witness or notary, on the line above your name. If signing on behalf of a company, please print the full name and title of the authorized Officer signing the Assignment on the lines below the signature.
5. Witness: Can be anyone over the age of 18 who knows you. Preferably, the witness should not be any of the inventors or the assignee representative. Have the witness fill in his or her name and address, and sign the Witness Statement. Alternately, the Assignment can be signed in the presence of a notary, who should duly notarize the Assignment.

Returning the Executed Assignment:

1. Please return the complete signed Assignment (not just the signature pages) by fax to Camille Girard at cgirard@blg.com or by fax at (613) 787-3558.
2. Please also return the original by mail to Borden Ladner Gervais LLP, 100 Queen Street, Suite 1100, Ottawa, Ontario, Canada K1P 1J9.
3. If you have any questions or require a new form due to errors on the Assignment, please contact Camille Girard by email or by phone at (613) 237-0234, ext. 30257.

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