

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT6365830

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
KYLE WILLIAM MCCRACKEN	06/17/2014
JAMES MACORMACK WELLS	06/06/2014
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	CHILDREN'S HOSPITAL MEDICAL CENTER
<b>Street Address:</b>	3333 BURNET AVENUE
<b>City:</b>	CINCINNATI
<b>State/Country:</b>	OHIO
<b>Postal Code:</b>	45229-3039
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	16188597
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(949)760-9502
<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>	
<b>Phone:</b>	949-760-0404
<b>Email:</b>	efiling@knobbe.com
<b>Correspondent Name:</b>	KNOBBE MARTENS OLSON & BEAR, LLP
<b>Address Line 1:</b>	2040 MAIN ST
<b>Address Line 2:</b>	14TH FLOOR
<b>Address Line 4:</b>	IRVINE, CALIFORNIA 92614
<b>ATTORNEY DOCKET NUMBER:</b>	CHMC63.005C1
<b>NAME OF SUBMITTER:</b>	BRENDEN GINGRICH
<b>SIGNATURE:</b>	/Brenden Gingrich/
<b>DATE SIGNED:</b>	10/23/2020
<b>Total Attachments: 4</b>	
source=Signed Assignment as Recorded in Parent CHMC63.005C1#page1.tif	
source=Signed Assignment as Recorded in Parent CHMC63.005C1#page2.tif	
source=Signed Assignment as Recorded in Parent CHMC63.005C1#page3.tif	
source=Signed Assignment as Recorded in Parent CHMC63.005C1#page4.tif	

## ASSIGNMENT

The undersigned (hereinafter "Assignor") of the residence(s) indicated below are the inventor(s) of certain invention(s) and embodiment(s) thereof (hereinafter collectively the "Invention") described in a United States Patent Application Serial Number 62/003,719, filed on May 28, 2014 titled METHODS AND SYSTEMS FOR CONVERTING PRECURSOR CELLS INTO GASTRIC TISSUES THROUGH DIRECTED DIFFERENTIATION (hereinafter the "Application").

CHILDREN'S HOSPITAL MEDICAL CENTER, a not-for-profit corporation having a principal place of business at 3333 Burnet Avenue, Cincinnati, OH 45229-3039, and its successors, assigns, and legal representatives (hereinafter collectively "Assignee") desires to secure the entire right, title and interest in and to the Invention.

For good and valuable consideration, the receipt and adequacy of which is acknowledged, Assignor hereby:

1. Sells, assigns and transfers to Assignee the entire right, title and interest in and to the Invention, the Application, any other patent applications based in whole or in part upon the Invention or Application in any country (including Patent Cooperation Treaty, divisional, renewal, substitute, continuation, and continuation-in-part applications), all patents and other forms of intellectual property protection which may be granted thereon (including all reissues, reexaminations, and extensions thereof), and all priority rights appertaining thereto;
2. Sells, assigns and transfers to Assignee the entire right to claim the benefit of priority to the Application;
3. Authorizes Assignee to file applications for patents and other forms of intellectual property protection on the Invention in any country in the name of Assignee, or otherwise as Assignee may deem advisable;
4. Authorizes and requests the Director of the United States Patent & Trademark Office, and such patent office officials in foreign countries as are duly authorized by their laws to issue patents, to issue any patents on the Invention to Assignee as the owner of the entire right, title, and interest therein or otherwise as Assignee may direct;
5. Agrees, without expense to Assignor but without further consideration, to carry out in good faith the intent and purpose of this Assignment by executing all divisional, renewal, substitute, continuation, continuation-in-part, reissue, and all other patent applications based on the Invention; executing all rightful oaths, assignments, powers of attorney and other papers; communicating to Assignee all facts known to Assignor relating to the Invention and the history thereof; and generally, doing everything reasonably possible which Assignee shall consider desirable for aiding in securing, maintaining, and enforcing proper protection for the Invention and for vesting title in Assignee to the Invention and all patent applications and patents based on the Invention;

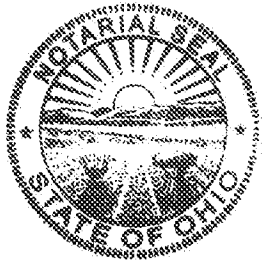
Second inventor:

Signature: *Kyle McCracken* Date: 6/17/14  
Full Name: Kyle William McCracken  
Residence: 1333 Meier Avenue  
Cincinnati, OH 45208

STATE OF Ohio )  
COUNTY OF Hamilton ) SS:

On this 17 day of June, 2014 personally appeared before me Kyle William McCracken, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to on this Assignment, and acknowledged that he executed the same.

Notary Public: *Melody Biddulph*  
My Commission Expires: 03/13/2019




Melody L. Biddulph  
Notary Public, State of Ohio  
My Commission Expires 03-13-2019

6. Represents and warrants that Assignor has the full right to convey to Assignee the entire interest to the Invention, and that Assignor has not executed, and will not execute, any agreement in conflict herewith; and

7. Authorizes Frost Brown Todd LLC to insert in this Assignment the serial number and filing date of the Application or any other information which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this Assignment.

Sole or first inventor:

Signature: 

Full Name: James Macormack Wells

Residence: 8047 Kimbee Drive

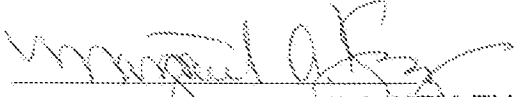
Cincinnati, OH 45244

Date: 6/6/14

STATE OF Ohio )

COUNTY OF Hamilton ) SS:

On this 6 day of June, 2014, personally appeared before me James Macormack Wells, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to on this Assignment, and acknowledged that he executed the same.

Notary Public: 

My Commission Expires: \_\_\_\_\_

**MARGARET A. KELLEY**

Notary Public, State of Ohio

My Commission Expires Apr. 21, 2019

Assignee:

**Children's Hospital Medical Center**

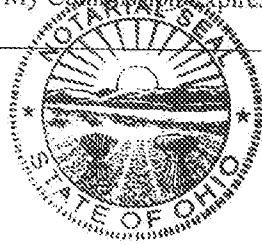
By: Arnold W. Strauss  
Full Name: Arnold W. Strauss  
Title: Director, CLRF

Date: June 6, 2014

STATE OF Ohio )  
COUNTY OF Hamilton ) SS:

On this 6<sup>th</sup> day of JUNE, 2014, personally appeared before me Arnold W. Strauss, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to on this Assignment, and acknowledged that he executed the same.

Notary Public: [Signature]  
My Commission Expires: \_\_\_\_\_



**John A. Maybury**  
Notary Public, State of Ohio  
My Commission Expires 11-29-2017

4842-3715-6635v1