

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JEFFREY H. MEYER	06/30/2015
RECEIVING PARTY DATA	
Name:	CENTRE FOR ADDICTION AND MENTAL HEALTH
Street Address:	33 RUSSELL STREET
City:	TORONTO
State/Country:	CANADA
Postal Code:	M5S 2S1
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	17091128
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NAME OF SUBMITTER:	JIE XIN
SIGNATURE:	/JIE XIN/
DATE SIGNED:	11/06/2020
Total Attachments: 2	
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WORLDWIDE

ASSIGNMENT

I:

Jeffrey H. MEYER, 170 Evelyn Avenue, Toronto, Ontario, M6P 2Z7, CANADA

for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, confirm that effective at least as early as **June 13, 2014**

I do sell and assign to:

**CENTRE FOR ADDICTION AND MENTAL HEALTH
33 Russell Street
Toronto, Ontario, M5S 2S1
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 Patent Application No. **PCT/CA2015/050548** filed **June 12, 2015**, relating to and entitled:

METHODS AND COMPOSITIONS ADDRESSING DEPRESSED MOOD



and claiming priority from:


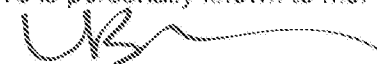
United States Patent Application No. **62/011,888** filed **June 13, 2014**, relating to and entitled:

METHODS AND COMPOSITIONS ADDRESSING DEPRESSED MOOD

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.

<p>Jeffrey H. MEYER</p> <p>Executed at <u>Toronto</u> City</p> <p><u>ONTARIO</u> Province/State, Country</p> <p>This <u>30</u> day of <u>JUNE</u>, <u>2015</u> Day Month Year</p> <p> Signature</p>	<p>Witness:</p> <p>I, <u>JEFF WONG</u> Print Name</p> <p>whose full post office address is <u>33 RUSSELL ST., TORONTO, ONTARIO,</u> <u>M5S 2S1</u></p> <p>was personally present and did see Jeffrey H. MEYER execute the within assignment and such assignor is personally known to me.</p> <p> Signature</p>
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<p>CENTRE FOR ADDICTION AND MENTAL HEALTH</p> <p>Executed at <u>Toronto</u> City</p> <p><u>Ontario (Canada)</u> Province/State, Country</p> <p>This <u>7th</u> day of <u>JUL</u>, <u>2015</u> Day Month Year</p> <p>Bruce G. Pollock, MD PhD FRCPC Vice President, Research</p> <p>By: _____ Print Name</p> <p>Title: _____</p> <p> Signature</p>	<p>Witness:</p> <p>I, <u>LINDA BURTON-MACDONALD</u> Print Name</p> <p>whose full post office address is <u>33 Russell St</u> <u>Toronto, ON M5S 2S1</u></p> <p>was personally present and did see <u>BRUCE POLLOCK</u> Name</p> <p>execute the within assignment and such representative is personally known to me.</p> <p> Signature</p>
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