

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6410028

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
CAROLINA SOLANGE ILKOW	08/27/2019
JOHN CAMERON BELL	08/27/2019
RECEIVING PARTY DATA	
Name:	OTTAWA HOSPITAL RESEARCH INSTITUTE
Street Address:	501 SMYTH ROAD
City:	OTTAWA
State/Country:	CANADA
Postal Code:	K1H 8L6
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	17046124
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 ST., P.O. BOX48600
Address Line 4:	VANCOUVER, CANADA V7X 1T2
ATTORNEY DOCKET NUMBER:	PAT 104405W-2
NAME OF SUBMITTER:	ERIN STEFFEN
SIGNATURE:	/Erin Steffen/
DATE SIGNED:	11/19/2020
Total Attachments: 3	
source=PAT 104405W-2 - Assignment Ilkow and Bell to OHRI - Signed#page1.tif	
source=PAT 104405W-2 - Assignment Ilkow and Bell to OHRI - Signed#page2.tif	
source=PAT 104405W-2 - Assignment Ilkow and Bell to OHRI - Signed#page3.tif	

WORLDWIDE

ASSIGNMENT

We:

**ILKOW, Carolina Solange, Unit 13-2 Montcalm Street, Ottawa, ON K1G 5K9
CANADA**

BELL, John Cameron, 248 Knox Crescent, Ottawa, ON K1G 0K8, CANADA

**MAHER, Victoria Ann, 112 High Street, Yeadon, Leeds, Yorkshire LS19 7AB,
UNITED KINGDOM**

for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, confirm that effective at least as early as **April 10, 2018** we did sell and assign to, and hereby sell and assign to:

**OTTAWA HOSPITAL RESEARCH INSTITUTE
501 Smyth Road
Ottawa, Ontario
K1H 8L6
CANADA**

all our 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. **PCT/CA2019/050438** filed **April 10, 2019** which claims priority to United States Patent Application No. **62/655,585** filed **April 10, 2018**, relating to, and entitled:

**MICRORNA-BASED COMPOSITIONS AND METHODS
USED IN DISEASE TREATMENT**

and to any application for patent arising therefrom, and to all our 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.

We 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.

ILKOW, Carolina Solange

Executed at OTTAWA
City

ONTARIO, CANADA
Province/State, Country

This 27 day of August, 2009.
Day Month Year

[Signature]
Signature

Witness:

I, Patty A. Lidster
Print Name

whose full post office address is

1271 Nottinghill Ave
Ottawa, ON K1V6T5

was personally present and did see **ILKOW, Carolina Solange** execute the within assignment and such assignor is personally known to me.

P.A. Lidster
Signature

BELL, John Cameron

Executed at Ottawa
City

Ontario, Canada
Province/State, Country

This 27 day of August, 2009.
Day Month Year

[Signature]
Signature

Witness:

I, Patty A. Lidster
Print Name

whose full post office address is

1271 Nottinghill Ave
Ottawa, ON K1V6T5

was personally present and did see **BELL, John Cameron** execute the within assignment and such assignor is personally known to me.

P.A. Lidster
Signature

<p>MAHER, Victoria Ann</p> <p>Executed at _____ City</p> <p>_____ Province/State, Country</p> <p>This _____ day of _____, _____ Day Month Year</p> <p>_____ Signature</p>	<p><u>Witness:</u></p> <p>I, _____ Print Name</p> <p>whose full post office address is</p> <p>_____</p> <p>_____</p> <p>was personally present and did see MAHER, Victoria Ann execute the within assignment and such assignor is personally known to me.</p> <p>_____ Signature</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>OTTAWA HOSPITAL RESEARCH INSTITUTE</p> <p>Executed at <u>Ottawa</u> City</p> <p><u>Ontario, Canada</u> Province/State, Country</p> <p>This <u>4</u> day of <u>Sept</u>, <u>2019</u> Day Month Year</p> <p>By: <u>Mariya Akow</u> Print Name</p> <p>Title: <u>Director, Research Administration</u></p> <p><u>M. Akow</u> Signature</p>	<p><u>Witness:</u></p> <p>I, <u>Leah Labib</u> Print Name</p> <p>whose full post office address is</p> <p><u>1755 McMaster ave</u> <u>Ottawa Ontario Canada</u></p> <p>was personally present and did see</p> <p><u>Mariya Akow</u> Name</p> <p>execute the within assignment and such representative is personally known to me.</p> <p><u>[Signature]</u> Signature</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------