PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6469918

| SUBMISSION TYPE: | NEW ASSIGNMENT |
|-----------------------|----------------|
| NATURE OF CONVEYANCE: | CHANGE OF NAME |

CONVEYING PARTY DATA

| Name | Execution Date |
|----------------------------------------|----------------|
| LIEBER INSTITUTE FOR BRAIN DEVELOPMENT | 08/30/2011 |

RECEIVING PARTY DATA

| Name: | LIEBER INSTITUTE, INC. |
|-------------------|------------------------|
| Street Address: | 855 N. WOLFE STREET |
| Internal Address: | SUITE 300 |
| City: | BALTIMORE |
| State/Country: | MARYLAND |
| Postal Code: | 21205 |

PROPERTY NUMBERS Total: 4

| Property Type | Number |
|---------------------|----------|
| Application Number: | 15011353 |
| Application Number: | 15011365 |
| Application Number: | 15771857 |
| Application Number: | 15779340 |

CORRESPONDENCE DATA

Fax Number: (678)420-9301

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: 6784209300

Email: wilsonj@ballardspahr.com
Correspondent Name: KRISTINE WADDELL

Address Line 1: 1 EAST WASHINGTON STREET

Address Line 2: SUITE 2300

Address Line 4: PHOENIX, ARIZONA 85004-2555

| ATTORNEY DOCKET NUMBER: | 17154.0014U2 |
|-------------------------|--------------------|
| NAME OF SUBMITTER: | KRISTINE WADDELL |
| SIGNATURE: | /Kristine Waddell/ |
| DATE SIGNED: | 12/28/2020 |
| | |

Total Attachments: 4

PATENT REEL: 054857 FRAME: 0413

| source=17154_ | NameChange#page1.tif | |
|---------------|----------------------|--|
| source=17154_ | NameChange#page2.tif | |
| source=17154_ | NameChange#page3.tif | |
| source=17154_ | NameChange#page4.tif | |

PATENT REEL: 054857 FRAME: 0414

TRADE NAME APPROVAL SHEET EDITED SERVICE ** EEP WITH DOCUMENT **

| * | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| TRANSACTION TYPE FEES REMITTEE | 1000362002196899 |
| TN - Trade Name Registration TA - Amendment TA1 - Amendment Owner Added TA2 - Amendment Owner Deleted TA3 - Amendment Owner Name Change TA4 - Amendment Location Added TA5 - Amendment Location Deleted TA6 - Amendment Location Changed TC - Cancellation TR - Renewal | ID # T00334066 ACK # 1000362002196899 PAGES: 0002 THE LIEBER INSTITUTE FOR BRAIN DEVELOPM ENT 08/29/2011 AT 03:34 P WO # 0003853290 |
| Expedited Fee 50 | |
| Certificates Certificates Certificate of Fact Fee: TOTAL FEES: | Other Change(s) |
| 99T - Departmental Action 99TA - Departmental Action - Name Change 220T - Void Non-Payment 220TA - Departmental Action - Amendment 220TA1 - Departmental Action - Owner Added 220TA2 - Departmental Action - Owner Deleted 220TA3 - Departmental Action - Owner Deleted 220TA3 - Departmental Action - Owner Name Change 220TA4 - Departmental Action - Location Added 220TA5 - Departmental Action - Location Deleted | Code Attention: Mail to Address: HARBOR CITY RESEARCH, INC. STE 900 201 N. CHARLES ST. BALTIMORE MD 21201 |
| Documents on Checks Opproved By: OMMENT(S): WALK-IN | CUST ID:0002636710 WORK ORDER:0003853290 DATE:08-30-2011 10:49 AM AMT. PAID:\$75.00 |

中**属**TENT REEL: 0548**5**7 FRAME: 0415

State of Maryland.

Department of Assessments and Taxation

Charter Division

TRADE NAME APPLICATION

NON EXPEDITED FEE: \$25.00 EXPEDITED FEE: ADDITIONAL \$50.00 | TOTAL EXPEDITED SERVICE: \$75.00 (Make checks payable to Department of Assessments and Taxation)

| STREET ADDRESS(ES) WHERE NAME | IS USED: 855 N. Wolfe Stre | et | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------|-----------------------------------|
| ITY: Baltimore STATE: | Maryland | ZIP: 212 | 05 |
| st office box number is only accepted when part of the ph | ysical address. | | |
| FULL LEGAL NAME OF OWNER OF BU | ISINESS OR INDIVIDUAL | USING THE | TRADE |
| NAME: Lieber Institute, Inc. | • | | 01273 |
| more than one owner, attach an additional sheet listing ea- | ch owner with his/her address. Be su | re ench owner's | ans this form |
| ADDRESS OF OWNER: 2829 Greenvale Str | | | r3 |
| TTY: Chevy Chase STATE: | Vlaryland | ZIP. 208 | 15등 |
| Post office box number is only accepted when part of the physical address. | | | 29 |
| DESCRIPTION OF BUSINES: Medical resear | ch organization | | |
| | | | |
| | *** · · · · · · · · · · · · · · · · · · | . | - <u>w</u> - |
| The state of the s | | annat ta illa ba | |
| m and acknowledge under penalties of perjury the edge. | nat the foregoing is true and co | irect to the be | |
| edge. | | | क्राज्यको संस्कृत ह ें |
| | nat the foregoing is true and co | | RIZED TITLE) |

CUST WORK DATE: 08-30-2011 10:49 AM

AMT. PAID: \$75.00

ttp://www.dat.state.md.us

Harbor City Research, Inc. 201 N. Charles St., Suite 900 Baltimore, MD 21201

2730 PATENT 5 REEL: 054857 FRAME: 0416 57437

TRADE NAME APPROVAL SHEET ** KEEP WITH DOCUMENT **

| T00334066 | 1000362009731409 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRANSACTION TYPE FEES REMITTE | <u>D</u> |
| TN - Trade Name Registration TA - Amendment TA1 - Amendment Owner Added TA2 - Amendment Owner Deleted TA3 - Amendment Owner Name Change TA4 - Amendment Location Added TA5 - Amendment Location Deleted TA6 - Amendment Location Changed TC - Cancellation TR - Renewal | Affix Text Label Here ID # T00334066 ACK # 1000362009731409 PAGES: 0002 THE LIEBER INSTITUTE FOR BRAIN DEVELOPM ENT 04/25/2016 AT 03:41 P WO # 0004679739 |
| Certified Copies Copy Fee: Certificates Certificate of Fact Fee: TOTAL FEES: | Other Change(s) |
| NO FEE TRANSACTION TYPES | |
| 99T - Departmental Action 99TA - Departmental Action - Name Change 220T - Void Non-Payment 220TA - Departmental Action - Amendment 220TA1 - Departmental Action - Owner Added 220TA2 - Departmental Action - Owner Deleted 220TA3 - Departmental Action - Owner Name Change 220TA4 - Departmental Action - Location Added 220TA5 - Departmental Action - Location Deleted 220TA6 - Departmental Action - Location Changed 220TC - Departmental Action - Cancellation 220TR - Departmental Action - Renewal 240T - Departmental Action - Reinstatement 250T - Incorrect ID Number | Code Attention: Mail to Address: LIEBER INSTITUTE, INC. STE 300 855 N WOLFE ST BALTIMORE MD 21205-1503 |
| Credit Card Check Cash | |
| Documents on Checks | |
| Approved By: | |
| Keyed By: | |
| COMMENT(S): | 7550 |

CUST ID:0003463162 WORK ORDER:0004679739 DATE:09-14-2016 11:17 AM AMT. PAID:\$50.00

PATENT REEL: 054857 FRAME: 0417

Si

Charter Division

Sean P. Powell Director



Date: 03/21/2016

LIEBER INSTITUTE, INC. -2829 GREENVALE STREET CHEVY CHASE MD 20815

855 n. Wolfe Street

Renewal Application- Fee \$25

Trade Name: THE LIEBER INSTITUTE FOR BRAIN DEVELOPMENT

ID Number: T00334066 Date Registered: 08/29/2011 Lapse Date: 08/29/2016

The trade name filing described above will lapse unless this application and filing fee of \$25 are received at this office by the lapse date. If this trade name is no longer in use, do not file this form and the trade name will lapse automatically.

Below is the address currently in the public record. If you renew this trade name, please check this address for accuracy and make any changes in the space provided. Only the business address may be changed by using this form. In order to change any other information, you must obtain an "Amendment Certificate" form and file it with the Department.

| Place of business: | Make changes to business address here: |
|-------------------------------------|----------------------------------------|
| THE LIEBER INSTITUTE FOR BRAIN DEVE | LOPME |
| 855 N. WOLFE STREET | |
| RALTIMORE MD 21205 | |

I certify that the above trade name continues to be in use and I hereby apply for another five years.

Owner's signature

Date

Charter Division

Authorized Title CUST ID:0003463162

WORK ORDER:0004679739 DATE: 09-14-2016 11:17 AM

AMT. PAID:\$50.00

Please make checks payable to the State De with this entire form (do not tear off the box

Balto. metro area (410) 767-1801

Outside metro area (888) 246-5941

0010023597

TRDNEW

301 West Preston Street-Room 801-Baltimore, Maryland 21201-2395 Toll free in Maryland (888)246-5941 MRS (Maryland Relay Service) (800)735-2258 TT/Voice- Fax (410)333-7097 Website: www.dat.maryland.gov

PATENT

RECORDED: 12/28/2020

REEL: 054857 FRAME: 0418