

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6608681

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	ULYSSES GILCHRIST	07/26/2019
RECEIVING PARTY DATA		
Name:	HIGHRES BIOSOLUTIONS, INC	
Street Address:	102 CHERRY HILL DRIVE	
City:	BEVERLY	
State/Country:	MASSACHUSETTS	
Postal Code:	01915	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	17205308
CORRESPONDENCE DATA		
Fax Number:	(203)255-5170	
<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>		
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Correspondent Name:	JANIK MARCOVICI	
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ATTORNEY DOCKET NUMBER:	1234P015570-US(C01)	
NAME OF SUBMITTER:	JANIK MARCOVICI	
SIGNATURE:	/jm/	
DATE SIGNED:	03/18/2021	
Total Attachments: 4		
source=2021-03-18-CUTE_Executed_Declaration_Subsm#page1.tif		
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source=2021-03-18-CUTE_Executed_Declaration_Subsm#page3.tif		
source=2021-03-18-CUTE_Executed_Declaration_Subsm#page4.tif		

DECLARATION (37CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76) AND ASSIGNMENT

As the below named inventor, I hereby declare that:

This declaration is ☐ The attached application, or
directed to :

☒ United States application number 16/265,258 or
PCT international application number filed on
 , and was amended on (if applicable)
 .

Title: AUTO-NAVIGATING ROBOTIC PROCESSING VEHICLE

The above-identified application was made or authorized to be made by me.

I believe that I am the original, first inventor or an original, first and joint inventor of a claimed
Invention in the application and for which a patent is sought.

I hereby state that I have reviewed and understand the contents of the above-identified
application, including the specification and claims, as amended by any amendment referred to
above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all
information known to me to be material to patentability as defined in Title 37, Code of Federal
Regulation, Section 1.56.

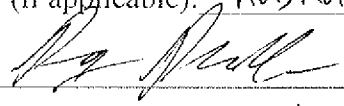
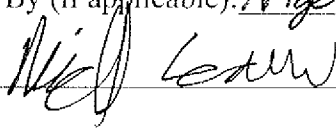
Whereas, I/we, the below-identified inventor(s), have invented certain new and useful
improvements in the invention identified above and described in the above-identified application
(referred to herein as the "Invention");

And, whereas I/we desire to assign the entire worldwide right, title and interest in and to the
invention and to any and all patent applications and patents directed thereto to the Assignee
identified below:

Assignee Name (if applicable): HIGHRES BIOSOLUTIONS, INC.

Assignee Address (if applicable): 102 Cherry Hill Drive
Beverly, MA 01915
US

Now, this indenture witnesseth, that for good and valuable consideration, the receipt whereof is
hereby acknowledged;

Legal Name of Inventor (Assignor if applicable), **Ulysses GILCHRIST:**Signature:  Date: 7/26/19Country of Citizenship: USWitnessed By (if applicable): Raj Ranade Date: 7/26/19Signature:  City: Beverly State: MAWitnessed By (if applicable): Nigel Cochran Date: 7/26/19Signature:  City: Beverly State: MA

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**SUBSTITUTE STATEMENT IN LIEU OF AN OATH OR DECLARATION FOR UTILITY
OR DESIGN PATENT APPLICATION (35 U.S.C. 115(d) AND 37 CFR 1.64)**

Title of Invention	AUTO-NAVIGATING ROBOTIC PROCESSING VEHICLE		
This statement is directed to:			
<input type="checkbox"/> The attached application,			
OR			
<input checked="" type="checkbox"/> United States application or PCT international application number <u>16/265,258</u> filed on <u>02/01/2019</u>			
LEGAL NAME of inventor to whom this substitute statement applies:			
(E.g., Given Name (first and middle (if any)) and Family Name or Surname)			
Louis GUARRACINA			
Residence (except for a deceased or legally incapacitated inventor):			
City	Newburyport	State	MA
		Country	US
Mailing Address (except for a deceased or legally incapacitated inventor):			
City		State	
		Zip	
		Country	
I believe the above-named inventor or joint inventor to be the original inventor or an original joint inventor of a claimed invention in the application.			
The above-identified application was made or authorized to be made by me.			
I hereby acknowledge that any willful false statement made in this statement is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.			
Relationship to the inventor to whom this substitute statement applies:			
<input type="checkbox"/> Legal Representative (for deceased or legally incapacitated inventor only),			
<input type="checkbox"/> Assignee,			
<input checked="" type="checkbox"/> Person to whom the inventor is under an obligation to assign,			
<input type="checkbox"/> Person who otherwise shows a sufficient proprietary interest in the matter (petition under 37 CFR 1.46 is required), or			
<input type="checkbox"/> Joint Inventor.			

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT
REEL: 055638 FRAME: 0306

SUBSTITUTE STATEMENT

Circumstances permitting execution of this substitute statement:

- ☒ Inventor is deceased,
☐ Inventor is under legal incapacity,
☐ Inventor cannot be found or reached after diligent effort, or
☐ Inventor has refused to execute the oath or declaration under 37 CFR 1.63.

If there are joint inventors, please check the appropriate box below:

- ☒ An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) naming the entire inventive entity has been or is currently submitted.

OR

- ☐ An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) has not been submitted. Thus, a Substitute Statement Supplemental Sheet (PTO/AIA/11 or equivalent) naming the entire inventive entity and providing inventor information is attached. See 37 CFR 1.64(b).

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

PERSON EXECUTING THIS SUBSTITUTE STATEMENT:

Name: Ulysses Gilchrist	Date (Optional):
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Signature: 

APPLICANT NAME AND TITLE OF PERSON EXECUTING THIS SUBSTITUTE STATEMENT:

If the applicant is a juristic entity, list the applicant name and the title of the signer:

HIGHRES BIOSOLUTIONS, INC

Applicant Name:

Title of Person Executing
This Substitute Statement: **Chief Operating Officer**

The signer, whose title is supplied above, is authorized to act on behalf of the applicant.

Residence of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent):

City	State	Country
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Mailing Address of the signer (unless provided in an application data sheet, PTO/AIA/14 or equivalent)

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City	State	Zip	Country
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Note: Use an additional PTO/AIA/02 form for each inventor who is deceased, legally incapacitated, cannot be found or reached after diligent effort, or has refused to execute the oath or declaration under 37 CFR 1.63.