

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	Michael A. Barry	10/01/2020
RECEIVING PARTY DATA		
Name:	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	
Street Address:	200 FIRST STREET SW	
City:	ROCHESTER	
State/Country:	MINNESOTA	
Postal Code:	55905	
PROPERTY NUMBERS Total: 2		
	Property Type	Number
	Application Number:	16996740
	Application Number:	63066740
CORRESPONDENCE DATA		
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ATTORNEY DOCKET NUMBER:	07039-1964001	
NAME OF SUBMITTER:	MARGARET S. WILLIS, REG NO. 68,892	
SIGNATURE:	/Margaret S.J. Willis/	
DATE SIGNED:	03/31/2021	
Total Attachments: 3		
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source=07039-1964001#page3.tif		

ASSIGNMENT

For valuable consideration, the receipt of which I acknowledge, and intending to be bound legally, I, MICHAEL A. BARRY, assign to MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, a corporation formed under the laws of Minnesota and having a principal place of business at 200 First Street SW, Rochester, MN 55905, and its successors, transferees, and assignees (collectively the “Assignee”), all of my right, title, and interest throughout the world in the invention(s) (the “Subject Matter”) of the following patent applications that name me as an inventor, which are titled: “ADENOVIRUS VECTORS AND METHODS FOR USING ADENOVIRUS VECTORS,” United States Provisional Patent Application Serial No. 63/066,740, filed on August 17, 2020 and U.S. Patent Application Serial No. 16/996,740, filed on August 18, 2020 (the “Applications”).

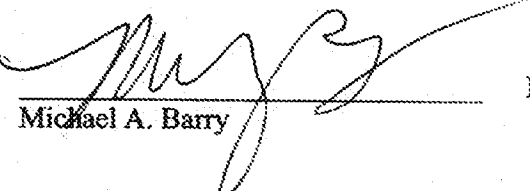
This Assignment assigns, in addition to the Subject Matter, (a) the Applications and all other applications that may be made for, and all patents, utility models, design registrations, and other rights of exclusion and inventors’ certificates for, any of the Subject Matter (collectively the “Applications and Granted Rights”) in every country or region and under every treaty or convention, (b) the right to claim priority based on and the benefit of the filing date of any of the Applications and Granted Rights under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other applicable treaties or conventions, and (c) the right to pursue, collect, and retain in the Assignee’s name or otherwise, damages and any other remedies arising from any past, present, or future infringement of the Subject Matter, the Applications and Granted Rights, and any other rights assigned by this Assignment.

To the extent any portion of the rights assigned by this Assignment has previously been assigned to the Assignee, this Assignment is a confirmation of the previous assignment.

I authorize the Assignee to apply for and pursue protection for any or all of the Subject Matter, the Applications and Granted Rights, and any other rights assigned by this Assignment in all countries, regions, and territories of the world, in my name or in the Assignee’s name.

I represent and warrant that I have the right and power to make this Assignment and that I have not made and will not make any other assignment that conflicts with this Assignment.

I will communicate to the Assignee (or, at the request of the Assignee to other parties) all known facts in any form relating to the Subject Matter; will execute and provide all oaths and declarations, statements, testimony, assignments, powers of attorney, applications, and documents; and will perform all other lawful acts necessary or desirable to secure fully to the Assignee the rights, titles, and interests assigned by this Assignment.



Michael A. Barry

DATE: 10/1/20

State of Minnesota

County of _____

This instrument was acknowledged before me on _____ by
_____ (name(s) of person(s)).

(Signature of notarial officer)

Title (and Rank)

My commission expires: _____

The Assignee hereby acknowledges and accepts the foregoing assignment.

Assignee: MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH

Signature: Julie A Henry Date: 10-8-2020

Name: Julie A Henry

Title: Director, Operations, Mayo Clinic Ventures

State of Minnesota

County of _____

This instrument was acknowledged before me on _____ by

_____ (name(s) of person(s)).

(Signature of notarial officer)

Title (and Rank)

My commission expires: _____

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