

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6635687

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ULYSSES GILCHRIST	09/22/2020
RECEIVING PARTY DATA	
Name:	HIGHRES BIOSOLUTIONS, INC
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City:	BEVERLY
State/Country:	MASSACHUSETTS
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PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16265273
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NAME OF SUBMITTER:	CLARENCE GREEN
SIGNATURE:	/cag24622/
DATE SIGNED:	04/01/2021
Total Attachments: 2	
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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
directed to :

☐ The attached application, or

☒ United States application number 16/265,273 or PCT
international application number _____ filed
on February 01, 2019.

and was amended on (if applicable) _____.

Title: ROBOTIC PROCESSING SYSTEM

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

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


I/we hereby assign, sell and transfer my/our above-identified rights, title and interest in said Invention, said application identified above, including any divisions, continuations, and continuations-in-part thereof, and in and to any and all Letters Patent of the United States, and countries foreign thereto, which may be granted or have granted for said Invention, and in and to any and all reissues and reexaminations thereof, and in and to any and all priority rights, Convention rights, and other benefits accruing or to accrue to me/us with respect to the filing of applications for patents or securing of patents in the United States and countries foreign thereto, unto said Assignee;

And I/we hereby authorize and request the Director of the United States Patent and Trademark Office to issue any United States Letters Patent which may issue for said Invention to said Assignee, as assignee of the whole right, title and interest thereto;

And I/we further agree to sign and execute all necessary and lawful future documents, including applications for foreign patents, for filing divisions, continuations and continuations-in-part of said application for patent, and/or for obtaining any reissue or reissues of any Letters Patent which may be granted for my/our aforesaid Invention, as the Assignee or its Designee(s) may from time to time require and prepare at its own expense.

I/we hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

Legal Name of Inventor (Assignor if applicable), Ulysses GILCHRIST:

Signature:  Date: 9/22/2020

Country of Citizenship: US

Witnessed By (if applicable): _____ Date: _____

Signature: _____ City: _____ State: _____

Witnessed By (if applicable): _____ Date: _____

Signature: _____ City: _____ State: _____