506922916 10/14/2021

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6969752

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
DONALD J. ALCENDOR	08/01/2019
WALDEMAR POPIK	08/01/2019

RECEIVING PARTY DATA

Name:	MEHARRY MEDICAL COLLEGE
Street Address:	1005 DR. D.B. TODD, JR., BLVD
Internal Address:	HULDA LYTTLE HALL, 3RD FLOOR, SUITE 314
City:	NASHVILLE
State/Country:	TENNESSEE
Postal Code:	37208

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	17501655

CORRESPONDENCE DATA

Fax Number:

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.

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Correspondent Name: TIMOTHY L. CAPRIA

Address Line 1: 1600 DIVISION STREET, SUITE 700 Address Line 4: NASHVILLE, TENNESSEE 37203

ATTORNEY DOCKET NUMBER:	212149-401060	
NAME OF SUBMITTER:	TIMOTHY L. CAPRIA	
SIGNATURE:	/Timothy L. Capria/	
DATE SIGNED:	10/14/2021	

Total Attachments: 5

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ASSIGNMENT

In consideration of the payment of one (\$1.00) dollar, and for other good and valuable consideration, the receipt of which is hereby acknowledged, Donald J. ALCENDOR of Hermitage, Tennessee and Waldemar POPIK of Brentwood, Tennessee, ("Assignors") hereby assign to Meharry Medical College of Nashville, Tennessee, ("Assignee") their entire right, title, and interest in and to an invention entitled "ANTIVIRAL AGENTS" (the "Invention"), and in any and all patents, reissue patents, certificates of inventorship, design registrations, utility models, and the like, that may be granted in the U.S. or in any foreign country with respect to the Invention and improvements thereto and in any application, including continuations, continuations-in-part, or divisions, that may be filed with respect to the Invention, or improvements thereto, including U.S. Patent App. No. 16/436,696 filed June 10, 2019.

Assignors grant to Assignee the right to add the following information regarding any subsequent U.S. Patent Application to be filed so that this assignment may be recorded in the United States Patent and Trademark Office.

(Title of Application)		
(Serial Number)	(Filing Date)	

Assignors represent and warrant that they have not transferred, licensed, and/or assigned any interest in the Invention to anyone other than Assignee, and that they have not entered into any contract, assignment, or license conveying any right granted to Assignee hereunder, or that would otherwise conflict with this Assignment.

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Assignors represent and warrant that they have not publicly used or disclosed the Invention, and that they have not previously sold or offered to sell the Invention.

Assignors will, without additional charge to Assignee but at Assignee's expense, cooperate with and assist Assignee such that Assignee may realize and fully enjoy all the rights assigned hereunder, including the preparation and execution of all papers needed by Assignee, and providing such information and assistance as may reasonably be required by Assignee in any administrative or legal proceeding to obtain or protect such rights.

This Assignment and each of its terms shall be binding on each Assignor, and his representatives, heirs and assigns, and shall inure to the benefit of Assignee, its successors, and assigns.

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8/1209 Date	Donald J. ALCENDER
	Witnessed by (signature)
	Witnessed by (print name)
STATE OF TENACESEES	
COUNTY OF DAVIORAL	
me on the basis of satisfactory evidence, and named Assignor, and that he executed the for This day of	a Notary Public of the state and county aforesaid, with whom I am personally acquainted, or proved to who upon oath, acknowledged that he is the within egoing instrument for the purposes therein contained.
My Commission Expires:	Notary Public
9.1822 ———————————————————————————————————	TENNESSE LE

<i>08-01-19</i> Date	Noldemol Popik Waldemar POPIK
	Witnessed by (signature)
	Witnessed by (print name)
STATE OF TENN CONTENTS	
COUNTY OF DAVEDS 1	
the basis of satisfactory evidence, and wh	, a Notary Public of the state and county aforesaid, with whom I am personally acquainted, or proved to me or to upon oath, acknowledged that he is the within named sing instrument for the purposes therein contained. , 2019 Notary Public
9. 12.00	



Date	Meharry Medical College By: Title Self En Era Couler, Meharry Medical College
	Witnessed by (signature)
	Witnessed by (print name)
STATE OF TENACES	
COUNTY OF () SON)	
acquainted, or proved to me on the basis of sa acknowledged that he is the within named As for the purposes therein contained.	stisfactory evidence, and who upon oath, ssignor, and that he executed the foregoing instrument
Thisday of	_, 201
My Commission Expires:	Notary Public
9.28.2-	

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RECORDED: 10/14/2021