

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT7292043

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE OF SECURITY INTEREST
CONVEYING PARTY DATA	
Name	Execution Date
CTHULHU VENTURES LLC	04/21/2022
RECEIVING PARTY DATA	
Name:	WARNER BABCOCK INSTITUTE FOR GREEN CHEMISTRY, LLC
Street Address:	100 RESEARCH DRIVE
City:	WILMINGTON
State/Country:	MASSACHUSETTS
Postal Code:	01887
PROPERTY NUMBERS Total: 14	
Property Type	Number
Application Number:	14040393
Application Number:	14473472
Application Number:	16313299
Application Number:	16313538
Application Number:	14942747
Application Number:	16618563
Application Number:	13921130
Application Number:	14127714
Application Number:	15774638
Application Number:	16611945
Application Number:	16611963
Application Number:	17003248
Application Number:	17003298
Application Number:	16766818
CORRESPONDENCE DATA	
Fax Number:	(415)947-2099
<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>	
Phone:	4159472169
Email:	qluflood@wsgr.com

Correspondent Name:	WILSON SONSINI GOODRICH & ROSATI, P.C.
Address Line 1:	ONE MARKET PLAZA, SPEAR TOWER, SUITE 330
Address Line 4:	SAN FRANCISCO, CALIFORNIA 94105

ATTORNEY DOCKET NUMBER:	57276.007
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NAME OF SUBMITTER:	QUI LU FLOOD
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SIGNATURE:	/Qui Lu Flood/
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DATE SIGNED:	04/21/2022
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Total Attachments: 1

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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) QUI LU FLOOD, PARALEGAL (415) 947-2000
B. E-MAIL CONTACT AT FILER (optional) QLUFLOOD@WSGR.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) WILSON SONSINI GOODRICH & ROSATI, P.C. ONE MARKET PLAZA SPEAR TOWER, SUITE 3300 SAN FRANCISCO, CA 94105

Delaware Department of State
U.C.C. Filing Section
Filed: 03:04 PM 04/21/2022
U.C.C. Initial Filing No: 2020 2207290
Amendment No: 2022 3385028
Service Request No: 20221568627

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
20202207290

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]
(or recorded) in the REAL ESTATE RECORDS
Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ **PARTY INFORMATION CHANGE:**

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record

☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c

☐ ADD name: Complete item 7a or 7b, and item 7c

☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR
6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR
7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a **DEBTOR**, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

CTHULHU VENTURES LLC

OR
9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:**

FILED W/ DE-SOS

Inte:

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/21/2022)

RECORDED: 04/21/2022

PATENT

REEL: 059670 FRAME: 0047

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