

<b>PATENT ASSIGNMENT COVER SHEET</b>
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EPAS ID: PAT7784241

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT

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Name	Execution Date
UNIVERSITY OF SOUTHERN CALIFORNIA	02/09/2015

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**PROPERTY NUMBERS Total: 1**

Property Type	Number
<b>Patent Number:</b>	10513563

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**NAME OF SUBMITTER:** LISA A. HAILE

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**DATE SIGNED:** 02/07/2023

**Total Attachments: 2**

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# Inventor Certification Form

Institution: University of Southern California

Grant Number(s): R01 GM063647

NIH EIR Number: 7636101-10-0040

Title of Invention: Methods for Uses of Protein Precursors as Prodrugs

Inventor(s): Wei-Chiang Shen, Yan Wang, Jennica Krankel

The completed form may be sent to the NIH - along with other Inventor Waiver information - via U.S. mail or faxed to (301) 480-0272.

I am an inventor of the above-referenced subject invention and my employer, the above-referenced institution has elected not to retain title to this invention and has permitted me to request that I be allowed to retain title pursuant to 37 CFR 401.9 and 35 U.S.C.35(d). In support of the request that I be allowed to retain title, I hereby certify that:

1. If allowed to retain title, I agree to be bound by any conditions imposed by the above-referenced institution, and at least those conditions that would apply to a small business firm under paragraphs (d)(1) and (3), (f)(4), (h), (i); and (j) of the clause at 37 CFR 401.14(a);
2. If allowed to retain title, I will seek patent protection for the subject invention within one year of the date of approval of title retention and provide the NIH with documentation of the patent application number, filing date and inclusion of the Federal support clause;

and I certify, to the best of my knowledge and belief, that the statements herein are true, accurate, and complete. I understand that willful provision of false information is a criminal offense (Title 18 U.S. Code, Section 1001) and that any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79). I agree that the right to title to this invention shall immediately revert back to the U.S. Government if a patent application has not been filed on this subject invention within one year unless written approval is received from the NIH for an extension of time.

(Information and signatures of additional inventors may be attached.)

  
Date: 01/29/2015  
Inventor Signature

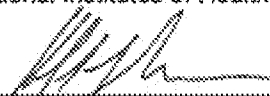
Printed Name: Dr. Wei-Chiang Shen

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As the authorizing official of the above-referenced institution, I hereby approve the release of rights to the above-reference invention. The inventor(s) certified above have permission to obtain rights to the above-referenced invention with the approval of the National Institutes of Health.

  
Date: February 9, 2015  
Authorizing Official's Signature

Printed Name: Keith L. Johnson Title: Senior Patent Advisor

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# Inventor Certification and Patent-Related Information

## PATENT-RELATED INFORMATION

1. Date of patent application filing: 05/21/2012

U.S. Serial Number (if any): 13/476,812

2. Date of presentation at a conference or symposium on which invention was disclosed (if applicable): \_\_\_\_\_

3. Publication information for article concerning this invention:

Date of Submission: \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_

Date of Publication: \_\_\_\_\_

Publication Pending: \_\_\_\_\_

Citation: \_\_\_\_\_

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The completed form may be combined with other Inventor Assignment information and sent to the NIH via U.S. mail or fax to (301) 480-0272.