

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

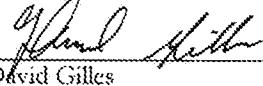
EPAS ID: PAT7953338

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	DAVID GILLES	01/04/2022
RECEIVING PARTY DATA		
Name:	PSILOSTERICIS, LLC	
Street Address:	5608 17TH AVENUE NW	
Internal Address:	SUITE 1492	
City:	SEATTLE	
State/Country:	WASHINGTON	
Postal Code:	98107	
PROPERTY NUMBERS Total: 2		
	Property Type	Number
	PCT Number:	US2022040048
	Application Number:	18306652
CORRESPONDENCE DATA		
Fax Number:		
<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>		
Email:	mycklena.kosloski@mcneillbaur.com, docketing@mcneillbaur.com	
Correspondent Name:	MCNEILL BAUR PLLC	
Address Line 1:	125 CAMBRIDGE PARK DRIVE	
Address Line 2:	SUITE 301	
Address Line 4:	CAMBRIDGE, MASSACHUSETTS 02140	
ATTORNEY DOCKET NUMBER:	01312-0001-00PCT & -00US	
NAME OF SUBMITTER:	MYCKI E. KOSLOSKI	
SIGNATURE:	/Mycki E. Kosloski/	
DATE SIGNED:	05/15/2023	
Total Attachments: 3		
source=2022-01-04_01312-0001-62US_Assignment - Executed#page1.tif		
source=2022-01-04_01312-0001-62US_Assignment - Executed#page2.tif		
source=2022-01-04_01312-0001-62US_Assignment - Executed#page3.tif		

IN TESTIMONY WHEREOF, ASSIGNEE acknowledges this assignment and hereunto signed ASSIGNEE'S name to this Assignment on the date indicated below.

County of San Bernadino)
)
State of California)

ss.

Assignee: PsiloSterics, LLC
Address: 4806 S. Oakes St.
Tacoma, WA 98409
By: 
Name: David Gilles
Title: President & CEO
Date: Jan 4th 2022

Subscribed and sworn to before me this 4th day of Jan, 20 22
E. COOPER, Notary Public

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1 David Gilles Signature of Document Signer No. 2 (if any) _____

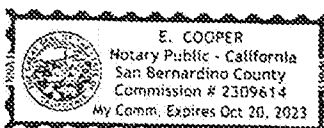
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of San Bernardino

Subscribed and sworn to (or affirmed) before me
 on this 4th day of January, 2022,
 by _____ Date _____ Month _____ Year _____

(1) David Gilles
 (and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.



Signature [Signature]
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
 Number of Pages: _____ Signer(s) Other Than Named Above: _____