# 508000693 07/10/2023

# PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT8047833

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

## **CONVEYING PARTY DATA**

Name	Execution Date
BALASINGAM RADHAKRISHNAN	04/11/2023
KENNETH DUKE JAMES JR.	04/13/2023
ANURADHA VAIDYA	05/02/2023
KAREN POLOWY	04/13/2023

# **RECEIVING PARTY DATA**

Name:	SEACHAID PHARMACEUTICALS, LLC	
Street Address:	PO BOX 488	
City:	MEBANE	
State/Country:	NORTH CAROLINA	
Postal Code:	27302	

## **PROPERTY NUMBERS Total: 5**

Property Type	Number
Patent Number:	10016479
Patent Number:	11654196
Application Number:	61612676
Application Number:	61707142
Application Number:	18140200

## **CORRESPONDENCE DATA**

**Fax Number:** (617)428-7045

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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ATTORNEY DOCKET NUMBER:	50945-006004
NAME OF SUBMITTER:	MICHAEL J. BELLIVEAU, PH.D.
SIGNATURE:	/Michael J. Belliveau, Ph.D./

508000693 PATENT REEL: 064237 FRAME: 0345

DATE SIGNED:	07/10/2023
Total Attachments: 12	
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PATENT REEL: 064237 FRAME: 0346

50945-006002 50945-006003 50945-006004 50945-006005 50945-006006

#### CONFIRMATORY ASSIGNMENT

For valuable consideration, I, the undersigned Assignor,

Full Name of Assignor	City	State (and Country if not USA)
Balasingam RADHAKRISHNAN	Chapel Hill	North Carolina

acknowledge the previous transfer to assignee and to its successors and assigns (collectively hereinafter called "the Assignee"), or to the extent the entire right, title, and interest of the Assignor in, to, and deriving from the inventions disclosed in the patent(s) or application(s) set forth below have not been transferred to Assignee do hereby assign to the Assignee,

Full Name of Assignee	State of incorporation	Business Address
Seachaid Pharmaceuticais, Inc.	Delaware	801 Capitola Drive, Suite 5 Durham, NC 27713

the entire right, title, and interest throughout the world in the inventions and improvements which are subject of one or more application(s) for United States Patent signed by me, identified as:

Title of Application	Filing Date	Serial Number
DOSING REGIMENS FOR ECHINOCANDIN CLASS COMPOUNDS	March 19, 2012	61/612,676
DOSING REGIMENS FOR ECHINOCANDIN CLASS COMPOUNDS	September 28, 2012	61/707,142
DOSING REGIMENS FOR ECHINOCANDIN CLASS COMPOUNDS	September 18, 2014	14/386,266
DOSING REGIMENS FOR ECHINOCANDIN CLASS COMPOUNDS	December 7, 2016	15/371,333
DOSING REGIMENS FOR ECHINOCANDIN CLASS COMPOUNDS	June 25, 2018	16/017,427
DOSING REGIMENS FOR ECHINOCANDIN CLASS COMPOUNDS	July 2, 2020	16/920,316
DOSING REGIMENS FOR ECHINOCANDIN CLASS COMPOUNDS	March 14, 2013	PCT/US2013/031678

and I authorize and request the attorneys appointed in said application to hereafter complete this

Page 1 of 3

50945-006002 50945-006003 50945-006004 50945-006005 50945-006006

assignment by inserting above the filing date and serial number of said application when known; this assignment includes said application(s) and all applications claiming priority thereto and all divisionals, renewals, and continuations thereof, any and all United States and foreign patent(s) and all reissues, reexamination certificates, and extensions thereof, utility model(s), and design registration(s) granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name or in its own name for patents, utility models, design registrations, and like rights of exclusion, and for inventor's certificates for said inventions and improvements; and I agree for me and my respective heirs, legal representatives and assigns, without further compensation, to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements, and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment. This assignment also includes the right to sue for past acts of infringement, whether based on any patents listed herein, patents issuing from applications listed herein, or provisional rights from any patent applications listed herein.

ATTORNEY DOCKET NO.: 50945-006001 50945-006002 50945-006003 50945-006004 50945-006005 50945-006WO3

Signature	04/11/2023 Date
Balasingam RADHAKRISHNAN	
Witness:	
Signature	Date
Printed name	
In acknowledgement of receipt of this assignm	57/10/2023 Date
Representative Name: 5/70/	<u>Elms</u>
Representative CEO	
Seachaid Pharmaceuticals, Inc.	
Witness:	
Signature	Date
Printed name	

Page 3 of 3

50945-006002 50945-006003 50945-006004 50945-006005 50945-006WO3

#### **CONFIRMATORY ASSIGNMENT**

For valuable consideration, I, the undersigned Assignor,

Full Name of Assignor	City	State (and Country if not USA)
Kenneth Duke JAMES, JR.	Mebane	North Carolina

acknowledge the previous transfer to assignee and to its successors and assigns (collectively hereinafter called "the Assignee"), or to the extent the entire right, title, and interest of the Assignor in, to, and deriving from the inventions disclosed in the patent(s) or application(s) set forth below have not been transferred to Assignee do hereby assign to the Assignee,

Full Name of Assignee	State of Incorporation	Business Address
Seachaid Pharmaceuticals, Inc.	Delaware	801 Capitola Drive, Suite 5 Durham, NC 27713

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50945-006002 50945-006003 50945-006004 50945-006005 50945-006WO3

Karriett Nule Sweet D.	<u>13 Apr Z023</u> Date		
Kenneth Duke JAMES, JR.			
Witness:			
Signature	Date	· · · · · · · · · · · · · · · · · · ·	
Printed name			
In acknowledgement of fecelipt of this assignment of the second of the s	57/v/2023 Date		
Representative Name: Stove	Eln,		
Representative Title:	E0		
Seachaid Pharmaceuticals, Inc.			
Witness:			
Signature	Date		
<del>7</del> * * ****			
Printed name			

Page 3 of 3

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50945-006002 50945-006003 50945-006004 50945-006005 50945-006WO3

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For valuable consideration, I, the undersigned Assignor,

Full Name of Assignor	City	State (and Country if not USA)
Karen POLOWY	Raleigh	North Carolina

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ATTORNEY DOCKET NO.: 50945-006001 50945-006002 50945-006003 50945-006004 50945-006005 50945-006006 50945-006WO3

	t	04/13/2023
Signature	Accountances.	Date
Karen POLOWY		
acknowledgement of receip	it of this assignme	nt:
1. D		5/10/2013
Signature		Date
Representative Name:	Steve	Flus
Representative		

50945-006002 50945-006003 50945-006004 50945-006006 50945-006WO3

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Full Name of Assignor	City	State (and Country if not USA)
Anuradha VAIDYA	Raleigh	North Carolina

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ATTORNEY DOCKET NO.: 50945-006001 50945-006002 50945-006003

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/ Anuradha Vaidya		05/02/2023
Signature		Date
Anuradha VAIDYA		
	\	
In acknowledgement of feceipt,	) of this assignment	: :
, I.Q.		5/10/2023
Signature		Date
Representative Name:	Steve	Elmi
Representative	C	EO
Seachaid Pharmaceuticals,	Inc.	

Page 3 of 3