

Box No. VIII (iv) DECLARATION: INVENTORSHIP (only for the purposes of the designation of the United States of America)
The declaration must conform to the following standardized wording provided for in Section 214, see Notes to Boxes Nos. VIII (i) to (vi) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

**Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))
 for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original inventor or an original joint inventor of a claimed invention in the application.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/EP2019/066819 (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that the above-identified international application was made or authorized to be made by me.

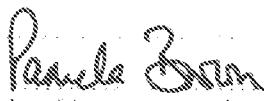
I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

Name: **BROWN, Pamela**

Residence: **Reading, United Kingdom**

(city and either U.S. state, if applicable, or country)

Mailing Address: **c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading
 Berkshire, RG1 9LS, United Kingdom**

Inventor's Signature: 

Date: **20th Aug 2019**

(The signature must be that of the inventor, not that of the agent)

Name: **DAWSON, Michael**

Residence: **Reading, United Kingdom**

(city and either U.S. state, if applicable, or country)

Mailing Address: **c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading
 Berkshire, RG1 9LS, United Kingdom**

Inventor's Signature: _____

Date: _____

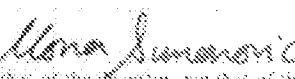
(The signature must be that of the inventor, not that of the agent)

Name: **SIMONOVIC, Mona**

Residence: **Reading, United Kingdom**

(city and either U.S. state, if applicable, or country)

Mailing Address: **c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading
 Berkshire, RG1 9LS, United Kingdom**

Inventor's Signature: 

Date: **14-08-19**

(The signature must be that of the inventor, not that of the agent)

☒ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

Box No. VIII (iv) **DECLARATION: INVENTORSHIP** (only for the purpose of the designation of the United States of America)
 The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VII, VIII (i) to (iv) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

Declaration of Inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))
 for the purposes of the designation of the United States of America:

I hereby declare that I believe I am the original inventor or an original joint inventor of a claimed invention in the application.

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I hereby declare that the above-identified international application was made or authorized to be made by me.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

Name: **BROWN, Pamela**

Residence: **Reading, United Kingdom**

(city and either US state, if applicable, or country)

Mailing Address: **c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading
 Berkshire, RG1 9LS, United Kingdom**

Inventor's Signature: _____ Date: _____
 (The signature must be that of the inventor, not that of the agent)

Name: **DAWSON, Michael**

Residence: **Reading, United Kingdom**

(city and either US state, if applicable, or country)

Mailing Address: **c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading
 Berkshire, RG1 9LS, United Kingdom**

Inventor's Signature:  Date: **14 August 2019**
 (The signature must be that of the inventor, not that of the agent)

Name: **SIMONOVIC, Mona**

Residence: **Reading, United Kingdom**

(city and either US state, if applicable, or country)

Mailing Address: **c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading
 Berkshire, RG1 9LS, United Kingdom**

Inventor's Signature: _____ Date: _____
 (The signature must be that of the inventor, not that of the agent)

☒ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

Continuation of Box No. VIII (i) to (v)

DECLARATION

If this space is insufficient in any of Boxes Nos. VIII (i) to (v) to furnish all the information, including in the case where more than one invention is to be recorded in Box No. VIII (v), in such cases enter "Continuation of Box No. VIII" and indicate the serial number of the Box; and furnish the information in the same manner as required for the purpose of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation sheet must be used for each such declaration. If this Box is not used, the sheet should not be included in the filing.

Continuation of Box No. VIII (iv)

DECLARATION: INVENTORSHIP

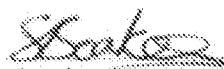
(only for the purpose of the designation of the United States of America)

Name: SOAKES, Steven

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire,
RG1 9LS, United Kingdom

Inventor's Signature: 

(The signature must be that of the inventor, not that of the agent)

Date: 19th AUGUST 2019

Name: DUPERCHY, Esther

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire,
RG1 9LS, United Kingdom

Inventor's Signature: _____

(The signature must be that of the inventor, not that of the agent)

Date: _____

Name: RIVERS, Dean

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire,
RG1 9LS, United Kingdom

Inventor's Signature: _____

(The signature must be that of the inventor, not that of the agent)

Date: _____

Name: LESTER, Roy

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire,
RG1 9LS, United Kingdom

Inventor's Signature: _____

(The signature must be that of the inventor, not that of the agent)

Date: _____

Continuation of Box No. VII (i) to (v)

DECLARATION

If the agent is an individual in any of Boxes Nos. VII (i) to (v) to furnish all the information, including in this case where there are to be named in Box No. VII (i) to (v) in such cases, under "Continuation of Box No. VII" indicate the item number of the Box and furnish the information in the same manner as required for the purposes of the Box in which the agent was designated. If appropriate space is needed in respect of two or more continuations, a separate continuation box must be used for each such declaration. If this Box is not used, the sheet should not be included in the annex.

Continuation of Box No. VIII (iv)

DECLARATION: INVENTORSHIP

(only for the purposes of the designation of the United States of America)

Name: SOAKES, Steven

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire, RG1 9LS, United Kingdom

Inventor's Signature

(The signature must be that of the inventor, not that of the agent)

Date: 15 Aug 2019

Name: DUPERCHY, Esther

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire, RG1 9LS, United Kingdom

Inventor's Signature

(The signature must be that of the inventor, not that of the agent)

Date: 15 Aug 2019

Name: RIVERS, Dean

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire, RG1 9LS, United Kingdom

Inventor's Signature

(The signature must be that of the inventor, not that of the agent)

Date: 20 Aug 2019

Name: LESTER, Roy

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire, RG1 9LS, United Kingdom

Inventor's Signature

(The signature must be that of the inventor, not that of the agent)

Date: 20 Aug 2019

Continuation of Box No. VIII (i) to (v)

DECLARATION

If the space is insufficient in any of Boxes Nos. VII (i) to (v) to furnish all the information, including in the case where more than two inventors are to be named in Box No. VII (i) to (v), or such other items, Continuation of Box No. VIII (i) to (v) provides the same number in the Box, and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation form must be used for each such declaration. If this Box is not used, the sheet should not be included in the request.

Continuation of Box No. VIII (iv)

DECLARATION: INVENTORSHIP

(only for the purposes of the designation of the United States of America)

Name: BOAKES, Steven

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire,
RG1 9LS, United Kingdom

Inventor's Signature

(The signature must be that of the inventor, not that of the agent)

Date

Name: DUPERCHY, Esther

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire,
RG1 9LS, United Kingdom

Inventor's Signature

(The signature must be that of the inventor, not that of the agent)

Date

Name: RIVERS, Dean

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire,
RG1 9LS, United Kingdom

Inventor's Signature

(The signature must be that of the inventor, not that of the agent)

Date

Name: LESTER, Roy

Residence: Reading, United Kingdom

(city and either US state, if applicable, or country)

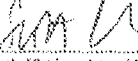
Mailing Address: c/o Cantab Anti-Infectives Limited, 4th Floor, Reading Bridge House, George Street, Reading Berkshire,
RG1 9LS, United Kingdom

Inventor's Signature

(The signature must be that of the inventor, not that of the agent)

Date

23/08/19

Continuation of Box No. VII (i) to (iv)		DECLARATION	
If this space is completed for use in the declaration, it must be filled in by the inventor, including in the case where more than one inventor is named in the declaration of Box No. VII (i) to (iv). The inventor must be the person who is the owner of the invention at the time of filing the declaration. If the inventor is not the owner of the invention at the time of filing the declaration, a declaration of assignment must be filed with the declaration. If the inventor is not the owner of the invention at the time of filing the declaration, a declaration of assignment must be filed with the declaration. If the inventor is not the owner of the invention at the time of filing the declaration, a declaration of assignment must be filed with the declaration.			
Continuation of Box No. VII (iv)		DECLARATION: INVENTORSHIP	
(only for the purposes of the designation of the (designated) state or states)			
Name: COLEMAN, Scott			
Residence: Massachusetts, USA (city and other US state, if applicable, or country)			
Mailing Address: c/o Spano Therapeutics, 675 Massachusetts Avenue, 14 th Floor, Cambridge, Massachusetts 02138, United States of America			
Inventor's Signature: 		Date: 20 AUG 2019	
(The signature must be that of the inventor, not that of the agent)			
Name:			
Residence: (city and other US state, if applicable, or country)			
Mailing Address:			
Inventor's Signature: Date:			
(The signature must be that of the inventor, not that of the agent)			
Name:			
Residence: (city and other US state, if applicable, or country)			
Mailing Address:			
Inventor's Signature: Date:			
(The signature must be that of the inventor, not that of the agent)			
Name:			
Residence: (city and other US state, if applicable, or country)			
Mailing Address:			
Inventor's Signature: Date:			
(The signature must be that of the inventor, not that of the agent)			