



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

JANUARY 29, 2020

PTAS

CHALKER FLORES, LLP
14951 DALLAS PARKWAY
SUITE 400
DALLAS, TX 75254

505885537

UNITED STATES PATENT AND TRADEMARK OFFICE NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

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RECORDATION DATE: 01/28/2020

REEL/FRAME: 051639/0421
NUMBER OF PAGES: 3

BRIEF: ASSIGNMENT OF ASSIGNORS INTEREST (SEE DOCUMENT FOR DETAILS).

DOCKET NUMBER: MAYO:1014

ASSIGNOR:

CHANAN-KHAR, ASHER ALBAN

DOC DATE: 01/16/2020

ASSIGNOR:

MANNA, ALAK

DOC DATE: 01/16/2020

ASSIGNOR:

PAULUS, ANEEL

DOC DATE: 01/16/2020

ASSIGNEE:

MAYO FOUNDATION FOR MEDICAL
EDUCATION AND RESEARCH
200 FIRST STREET SW
ROCHESTER, MINNESOTA 55905

APPLICATION NUMBER: 62955684

FILING DATE: 12/31/2019

PATENT NUMBER:

ISSUE DATE:

TITLE: INDIVIDUALIZED VACCINES FOR CANCER TREATMENT AND PREVENTION

ASSIGNMENT RECORDATION BRANCH
PUBLIC RECORDS DIVISION

ASSIGNMENT OF PATENT APPLICATION

FOR GOOD AND VALUABLE CONSIDERATION, the receipt, sufficiency and adequacy of which are hereby acknowledged, **Asher Alban Chanan-Khar, Alak Manna, Aneel Paulus**, the undersigned, do hereby:

SELL, ASSIGN AND TRANSFER to **Mayo Foundation for Medical Education and Research** (the "Assignee"), having a place of business at **200 First Street SW, Rochester, Minnesota 55905**, the entire right, title and interest for the United States and all foreign countries in and to any and all inventions, subject matter and improvements disclosed in the application for **United States Letters Patent, Serial No. 62/955,684**, which has been filed on **December 31, 2019** and is entitled **"Individualized Vaccines for Cancer Treatment and Prevention,"** (the "Invention"), such application and any and all divisional, continuing, substitute, renewal, reissue and other applications for patent which have been or shall be filed in the United States and all foreign countries based on the Invention; all original, reissued and reexamined patents which have been or shall be issued in the United States and all foreign countries based on the Invention; and specifically including the right to file foreign applications under the provisions of any convention or treaty and claim priority based on such application in the United States;

AUTHORIZE AND REQUEST the issuing authority to issue any and all United States and foreign patents granted on such improvements to the Assignee;

WARRANT AND COVENANT that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been or will be made to others by the undersigned, and that the full right to convey the same as herein expressed is possessed by the undersigned:

COVENANT, when requested and at the expense of the Assignee, to carry out in good faith the intent and purpose of this assignment, the undersigned will execute all divisional, continuing, substitute, renewal, reissue, and all other patent applications on any and all such improvements; execute all rightful oaths, declarations, assignments, powers of attorney and other papers; communicate to the Assignee all facts known to the undersigned relating to such improvements and the history thereof; and generally do everything possible which the Assignee shall consider desirable for vesting title to such improvements in the Assignee, and for securing, maintaining and enforcing proper patent protection for such improvements;

TO BE BINDING on the heirs, assigns, representatives and successors of the undersigned and extend to the successors, assigns and nominees of the Assignee.

IN WITNESS WHEREOF, I have hereunto signed my name on the day and year set forth below.



Inventor's Signature

01/16/2020

DATE

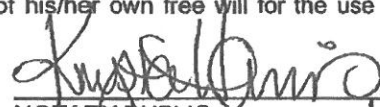
Asher Alban Chanan-Khar

Inventor's Printed Name

STATE OF FLORIDA)
COUNTY OF DUVAL) SS

On this 16 day of JANUARY, 2020, before me personally came the above named Asher Alban Chanan-Khar, who is personally known by me or proved to me on the basis of satisfactory evidence to be the same individual who executed the foregoing assignment, and who acknowledged to me that he/she executed the same of his/her own free will for the use and purposes therein set forth.





NOTARY PUBLIC
My Commission Expires: 7/31/2023

IN WITNESS WHEREOF, I have hereunto signed my name on the day and year set forth below.

Alak Manna
Inventor's Signature

1/16/2020
DATE

Alak Manna
Inventor's Printed Name

STATE OF FLORIDA)
COUNTY OF DUVAL) SS

On this 16th day of JANUARY, 2020, before me personally came the above named Alak Manna, who is personally known by me or proved to me on the basis of satisfactory evidence to be the same individual who executed the foregoing assignment, and who acknowledged to me that he/she executed the same of his/her own free will for the use and purposes therein set forth.



Krysta Harris
NOTARY PUBLIC
My Commission Expires: 7/31/2023

IN WITNESS WHEREOF, I have hereunto signed my name on the day and year set forth below.

Aneel Paulus
Inventor's Signature

1/16/2020
DATE

Aneel Paulus
Inventor's Printed Name

STATE OF FLORIDA)
COUNTY OF DUVAL) SS

On this 16th day of JANUARY, 2020, before me personally came the above named Aneel Paulus, who is personally known by me or proved to me on the basis of satisfactory evidence to be the same individual who executed the foregoing assignment, and who acknowledged to me that he/she executed the same of his/her own free will for the use and purposes therein set forth.



Krysta Harris
NOTARY PUBLIC
My Commission Expires: 7/31/2023

Yanela Carpenter

From: EPAS Server <epas-server@uspto.gov>
Sent: Tuesday, January 28, 2020 11:08 AM
To: Yanela Carpenter
Subject: Assignment confirmation receipt ID: PAT5932362
Attachments: EASPAT5932362.html

ELECTRONIC PATENT ASSIGNMENT SYSTEM (EPAS) CONFIRMATION RECEIPT

The USPTO has received a Patent Assignment submitted through the Electronic Patent Assignment System (EPAS). This is the only acknowledgement of receipt that will be transmitted for this EPAS submission. The submission may not be recalled.

After review by Assignment Recordation Branch personnel, a Notice of Recordation/Non-Recordation will be returned via e-mail. USPTO will send the notice to the e-mail address provided in the submission; e-mail failures will be delivered via US Postal Service to the Correspondence Address provided in the submission.

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CONVEYING PARTY DATA											
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Fax Number: (214)866-0010 Phone: 2148660001 Email: ycarpenter@chalkerflores.com <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> Correspondent Name: CHALKER FLORES, LLP Address Line 1: 14951 DALLAS PARKWAY Address Line 2: SUITE 400 Address Line 4: DALLAS, TEXAS 75254											
ATTORNEY DOCKET NUMBER:	MAYO:1014										
NAME OF SUBMITTER:	YANELA CARPENTER										
Signature:	/Yanela Carpenter/										
Date:	01/28/2020										
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PCT

GENERAL POWER OF ATTORNEY

(for several international applications filed under the Patent Cooperation Treaty)

(PCT Rule 90.5)

The undersigned person(s):

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Mayo Foundation for Medical Education and Research
200 First Street SW
Rochester, Minnesota 55905
United States

hereby appoint(s) the following person as:

☒ agent

☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CHALKER FLORES, LLP

CHALKER, Daniel, Reg. No. 40,552
FLORES, Edwin, Reg. No. 38,453
CLAUNCH, Charles, Reg. No. 51,221
14951 North Dallas Parkway, Suite 400
Dallas, TX 75254
US

to represent the undersigned before

☒ all the competent International Authorities

☐ the International Searching Authority only

☐ the Authority specified for supplementary search: _____
(please indicate the Authority(ies) specified for supplementary search)

☐ the International Preliminary Examining Authority only

in connection with any and all international applications filed by the undersigned with the following Office:

United States as receiving Office
and to make or receive payments on behalf of the undersigned.

Signature(s) (where there are several persons, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading this power):


Signature

Julie A. Henry, Director, Operations

Printed Name and Title

Date: August 6, 2019

**DELEGATION OF SIGNATURE AUTHORITY
FOR
MAYO CLINIC
AND
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH**

AUTHORIZED PERSON: Julie A. Henry

Administrative Position or Role: Director, Operations, Mayo Clinic Ventures

Phone No.: 507-266-4585

AUTHORIZED DOCUMENTS AND ANY LIMITATIONS ON SIGNATURE

AUTHORITY: Contracts related to activities and contractual arrangements managed and/or negotiated through the Mayo Clinic Ventures Division of the Department of Business Development, excluding contracts negotiated by Julie A. Henry.

DELEGATION OF AUTHORITY: The undersigned officer of Mayo Clinic ("Mayo Entity") hereby delegates authority to the Authorized Person identified above to execute the listed Authorized Documents on behalf of the Mayo Entity. This Authorization is pursuant to the corporate Bylaws of the Mayo Entity. All third parties may conclusively rely on the signature of the Authorized Person as fully binding the Mayo Entity on such Authorized Documents.

Signature delegation is subject to all applicable Mayo Clinic policies and procedures regarding the approval of transactions/documents and regarding signature limits based on the dollar value of the related transaction.

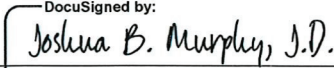
<http://mayocontent.mayo.edu/finance-fac/DOCMAN-0000034212>

The individual signing an Authorized Document is responsible to confirm that the document has all required approvals and otherwise fully complies with all applicable policies and procedures.

In executing this Delegation of Signature Authority, the undersigned officer of the Mayo Entity hereby acknowledges that s/he remains responsible and accountable to assure that the Authorized Person fully complies with all applicable policies and procedures of the Mayo Entity regarding the exercise of signature authority pursuant to this delegation.

TIME PERIOD OF AUTHORIZATION: This Authorization is effective until written revocation by an officer of the listed Mayo Entity is filed with the Secretary of the Mayo Entity.

SIGNATURE OF THE OFFICER DELEGATING SIGNATURE AUTHORITY:

DocuSigned by:

Name: Joshua B. Murphy

Title: Secretary of Mayo Clinic and Mayo Foundation for Medical Education and Research

Date: 4/23/2019