

Bogotá D.C., 21 de septiembre de 2025

Señores

SUPERINTENDENCIA DE INDUSTRIA Y COMERCIO

DIRECCION DE NUEVAS CREACIONES

E. S. D.

Ref.: Respuesta de requerimiento de forma

No. de Exp.: NC2025/0005903

Patente: COMPUESTOS DE BENZALDEHÍDO CON EFECTOS DESESTABILIZADORES DIRECTOS DE POLÍMEROS PARA TRATAR LA ANEMIA FALCIFORME

Oficio: 7529 de 20 de mayo de 2025

Yo, ÁLVARO MURICIO RAMIREZ BONILLA, identificado con cédula de ciudadanía No. 79.790.039 portador de la tarjeta profesional de abogado No.118.770, obrando como apoderado de VIRGINIA COMMONWEALTH UNIVERSITY, ILLEXCOR HOLDINGS, LLC., KING ABDULAZIZ UNIVERSITY, CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP)., solicitantes de la solicitud de patente en cuestión, me permito contestar al requerimiento de forma proferido en los siguientes términos:

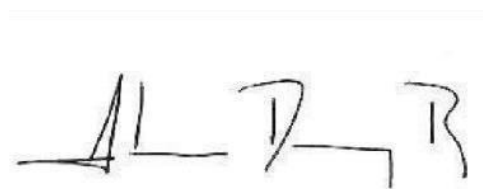
*“Revisados los documentos de la solicitud, **debe allegar el poder** debidamente conferido al abogado que se menciona como apoderado en la solicitud, de acuerdo con lo establecido en el artículo 26 literal f) de la Decisión 486.*

2. Cesión

*La solicitud no contiene la copia del documento que de cuenta de la **cesión del derecho a la patente del inventor al solicitante** o a su causante, conforme a lo establecido por el literal k) artículo 26 de la Decisión 486 de la Comisión de la Comunidad Andina, ni se efectuó en fase internacional la declaración a que hace referencia la Regla 4.17 ii) del Tratado de Cooperación en Materia de Patentes PCT”.*

Conforme a lo anterior, se adjuntan los poderes conferidos a mi para actuar, así como el documento de cesión de derechos de los inventores a la totalidad de los solicitantes.

Del señor examinador,



ALVARO MAURICIO RAMIREZ BONILLA

C.C. No. 79.790.039 de Bogotá.

T.P.A. No. 118.770 del C.S de la J.

Simplified Power of Attorney for Latin America

Instructions sheet

Purpose of this form: To represent you or your client in Latin America, we need a power of attorney (POA) for each country. To simplify this procedure, we have created this simplified power of attorney. This form allows us to grant our local associates a POA, preventing you from signing a POA for each country.

The local IP Office requires all the information we require from you to start the procedure.

Formalities: In most cases, we require a simple signature using Hellosign. If you don't want to use this system, you can print it, sign it, scan it and send a copy of this POA, BUT, it is possible that in a particular case, an examiner requests a physical copy and to comply with an additional formality such as an apostille. If you print and sign this POA, keep the original for your records as it can be required physically at any moment.

Legalization Cost: We will try to keep the cost of getting the POA as low as possible, but if an additional formality or original copy is required by a local examiner, then you will have an additional fee of 150 USD/€ per country to comply with the formality and to ship the original document. In any case, we will let you know before incurring such expenses.

A. Coverage: Please select the matters and countries where you require our services. You can select as many matters and countries as you wish.

If you are not sure, please select the first option. "All the matters / all the countries", this will avoid having to grant other POA in the future.

In case you just want us to have a POA for a very specific case you can determine it in the field A.3 "specific matter", an acceptable example specification will be: "Trademark "The Sample", in class 3 in Costa Rica and Brazil"

B. Type of Applicant: The applicant is the owner or future owner of the IP right. This applicant can be a legal entity (B.1) or an individual (B.2). A legal entity can be a private corporation, a not-for-profit, a governmental agency, an international organization... By opposition, a natural person or individual is a bone and flesh person.

Please select the correct type of applicant. If you are filing for an IP right that is owned both by an entity and by an individual you can check both boxes.

In case the owners are two or more entities,

you have two options. Grant a POA per application or in each field you add a number to the specific applicant and you repeat that number everytime you are giving information about that applicant. (example. 1. John Smith 2. Sherlock Holmes 1. United States of America 2. United Kingdom)

C. Legal entity that is granting this Power of Attorney: Complete this section if you selected the applicant to be a legal entity. You will be required to give information about the entity (fields C1, C2, C3, C4) and also about the authorized person within the entity to grant the POA (fields C5 to C9).

C3 This field is only necessary for filings in Colombia

C7. A valid ID Number could be a passport, a drivers license, a national ID number. This field is only necessary for filings in Argentina, Bolivia, Brazil, Costa Rica, Ecuador, Salvador, Panama, Paraguay, Peru, Guatemala, Venezuela

C8. Signature of the authorized person is necessary to have a valid POA

D. Natural person/Individual that is granting this Power of Attorney:

D.1 Please enter the full name as it appears on a valid Identification piece

D.2 A valid ID Number could be a passport, a drivers license, a national ID number. This field is only necessary for filings in Argentina, Bolivia, Brazil, Costa Rica, Ecuador, Salvador, Panama, Paraguay, Peru, Guatemala, Venezuela.

D.4 This field is only necessary for filings in Honduras, Nicaragua, Guatemala and Venezuela. Marital Status can be Single, married, divorced, widow.

Simplified Power of Attorney for Latin America

(Poder simplificado para América Latina)

A. Coverage (Cobertura)

This Power of attorney will cover the following matters and countries:

(Este poder cubrirá los siguientes asuntos y países)

1. Matters: (Asuntos)	☐ All these matters below (todos los asuntos abajo)
☒ Patents (Patentes) ☐ Trademarks (Marcas)	☐ Designs (Diseños Industriales) ☐ Copyrights (Derechos de Autor) ☐ Plant Breeders (Variedades u obtentores vegetales) ☐ Domain Names (Nombres de dominio)
2. Countries: (Países)	☐ All these countries below (todos estos países abajo)
☐ Argentina ☐ Bolivia ☐ Brazil ☐ Chile ☒ Colombia ☐ Costa Rica	☐ Dominicana, República ☐ Ecuador ☐ El Salvador ☐ Guatemala ☐ Honduras ☐ México
☐ Nicaragua ☐ Panamá ☐ Paraguay ☐ Perú ☐ Uruguay ☐ Venezuela	
3. Specific procedure: national phase for PCT/US2023/036751 /solicitud de patente en fase nacional PCT/US2023/036751 (procedimiento específico)	

B. Type of Applicant

(Tipo de solicitante)

The applicant is: (El solicitante es)	☒ Legal Entity (Persona jurídica) ☐ 2. Natural Person/Individual (Persona natural)
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Only fill this section if the applicant is a Corporation

C. Legal entity that is granting this Power of Attorney

(Persona jurídica que otorga el presente poder)

1. Name of the Legal Entity: (Nombre de la persona jurídica)	King Abdulaziz University
2. Country of Incorporation: (País de constitución)	Saudi Arabia
3. Entity registration number: (Numero de identificacion de la entidad) SEE INSTRUCTIONS	

4. Full address of the Legal Entity: (Domicilio de la persona jurídica)	Street (calle): P.O. Box 80230
	City(ciudad): Jeddah
	Zip Code (C.P.): 21589
	Country (país): Saudi Arabia
5. Full name of the signatory: (Nombre completo del firmante)	Saud Mohammad Wasly
6. Position of the authorized signatory: (Cargo del firmante autorizado)	Director of the innovation and entrepreneurship center
7. Number and type of identification of the signatory: (Número y tipo de Identificación del firmante) SEE INSTRUCTIONS	
8. Signature: (Firma)	
9. Date and place of signature (Lugar y fecha de firma)	22/07/2025 Jeddah, Saudi Arabia

Nombra(mos) a Alvaro Mauricio RAMIREZ BONILLA TP. 118.770., c.c. 79.790.039; Martha Cristina BONILLA CASTRO TP. 41.527., c.c. 41.566.976; domiciliados en la Carrera 43a No.1 sur-31 of 408, Medellín, Antioquia, Colombia, el primero como principal, la segunda como suplente como mis (nuestros) representantes en todos los asuntos y en los países señalados en el encabezado.

El suplente reemplazará al principal en caso de ausencia o impedimento temporal o definitivo de aquél. Si alguno de los nombrados faltare definitivamente, el suplente tomará su lugar. Cuando cesare la ausencia o impedimento del representante principal, o del suplente, en su caso, podrán ejercer la representación, en su orden, uno u otro según el caso, asumiéndola por el solo hecho de ejercerla, cesando en ese momento el ejercicio de la representación por el suplente en su caso.

Además, confiero (conferimos) poder a los abogados arriba nombrados, para obtener la protección de mi (nuestra) propiedad intelectual, propiedad industrial y contra la competencia desleal, a cuyo efecto autorizo (amos) a los

Do hereby appoint Alvaro Mauricio RAMIREZ BONILLA, TP. 118.770 C.C. 79.790.039; Martha Cristina BONILLA CASTRO TP. 41.527., c.c. 41.566.976; domiciled at Carrera 43a No.1 sur-31 Office 408, Medellin, Antioquia, Colombia,,the first as principal, the second as an alternate, as our representatives for all matters in the countries as defined in the header.

The alternate shall replace the principal in case of his absence or of temporal or definitive impediment. If any of the appointees were to be definitely absent, the alternate shall take his place. When the absence or impediment of the principal representative, or of the alternate in their turn ceases, the representation can be taken again in their sequence, by the principal or the alternate depending on case, and the mere fact or its exercise will suffice. The exercise of the representation by the alternates in their turn shall end at such time.

In addition, we grant a Power of Attorney in favour of the above-named attorneys-at-law so that they may obtain the protection of my (our) intellectual property, industrial property and against the unfair competition, for which purpose I (we) authorize the said attorneys to represent me (us)

dichos apoderados para que me (nos) representen ante cualesquiera entidades o personas, ejerzan o no jurisdicción, especialmente ante las del orden administrativo, contencioso-administrativo y judicial, así como los tribunales de arbitramento, en los países mencionados en el encabezado y otorgar poder para las mismas facultades a diferentes abogados y agentes en las jurisdicciones de los países mencionados en el encabezado para adelantar cualquiera de los trámites que a continuación se señalan:

a) Presentar solicitudes, notificarse y adelantar todos los trámites necesarios para la obtención, modificación, renovación de los derechos de propiedad industrial e intelectual señalados en el encabezado y el registro de licencias de uso de esos derechos;

b) Las acciones de competencia desleal, protección del consumidor, oposiciones u observaciones, cancelación administrativa o judicial, nulidad, medidas cautelares, concesión de licencias, la tutela, la protección de secretos industriales, protección en fronteras y en general los juicios civiles, penales, administrativos o contencioso-administrativos relacionados con estos derechos; acciones y procesos que promovamos o se nos promuevan.

En todos los asuntos arriba determinados, pueden sustituir este mandato, transigir, delegar, conciliar, admitir los hechos del proceso, desistir, cancelar, recibir, renunciar, sustituir, solicitar la revocatoria, ratificar los actos de agentes oficiosos y otorgar Poder de Representación en mi nombre a otros apoderados en todos los países señalados en el encabezado. El presente poder ratifica cualquier actuación efectuada por el apoderado, sobre el cual haya alguna duda.

before any authorities or persons, with or without jurisdiction, especially those administrative, administrative contentious and judicial, as well as before Arbitration Court, in the countries defined in the header and to grant power of attorney with the same faculties to different attorneys in the jurisdictions in those countries to act on any of the following procedures listed below:

a) File applications, get notifications and perform all the acts necessary for obtaining, modify, renew the industrial and intellectual property rights mentioned in the header and the registration of licenses of use of the above rights;

b) Actions of unfair competition, protection to the consumer, oppositions or observations, administrative or Court cancellation, nullity, infringement, granting of licenses, the action for writ mandamus, provisional measures, border measures, the protection of trade secrets, and in general all the civil, criminal, and administrative actions relating to those rights; actions and suits instituted by me (us) or against me (us).

And that in all the above matters they may substitute this Power of Attorney, compromise, supersede, delegate, conciliate, admit the facts of the case, desist, cancel, receive, resign, ask for revocation, ratify acts done by representatives without a power of attorney, and grant Power of Attorney on my behalf to third parties in the above noted territories. The present Power of Attorney ratifies any action performed by the grantee, in which there would be any doubt.

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2. Countries: (Países)	☐ All these countries below (todos estos países abajo)
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3. Specific procedure: national phase for PCT/US2023/036751 /solicitud de patente en fase nacional PCT/US2023/036751 (procedimiento específico)	

B. Type of Applicant

(Tipo de solicitante)

The applicant is: (El solicitante es)	☒ Legal Entity (Persona Jurídica) ☐ 2. Natural Person/Individual (Persona natural)
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Only fill this section if the applicant is a Corporation

C. Legal entity that is granting this Power of Attorney

(Persona jurídica que otorga el presente poder)

1. Name of the Legal Entity: (Nombre de la persona jurídica)	VIRGINIA COMMONWEALTH UNIVERSITY
2. Country of Incorporation: (País de constitución)	Estados Unidos
3. Entity registration number:	

(Numero de identificacion de la entidad)SEE INSTRUCTIONS	
4. Full address of the Legal Entity: (Domicilio de la persona juridica)	Street (calle): 800 East Leigh Street, Suite 3000
	City(ciudad): Richmond
	Zip Code (C.P.): VA 23298
	Country (país): Estados Unidos
5. Full name of the signatory : (Nombre completo del firmante)	Ivelina Metcheva
6. Position of the authorized signatory: (Cargo del firmante autorizado)	Asst VP for Innovation/ IPF President
7. Number and type of identification of the signatory: (Número y tipo de Identificación del firmante) SEE INSTRUCTIONS	
8. Signature: (Firma)	I. Metcheva
9. Date and place of signature (Lugar y fecha de firma)	May 6, 2025 Richmond VA, USA

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En todos los asuntos arriba determinados, pueden sustituir este mandato, transigir, delegar, conciliar, admitir los hechos del proceso, desistir, cancelar, recibir, renunciar, sustituir, solicitar la revocatoria, ratificar los actos de agentes oficiosos y otorgar Poder de Representación en mi nombre a otros apoderados en todos los países señalados en el encabezado. El presente poder ratifica cualquier actuación efectuada por el apoderado, sobre el cual haya alguna duda.

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b) Actions of unfair competition, protection to the consumer, oppositions or observations, administrative or Court cancellation, nullity, infringement, granting of licenses, the action for writ mandamus, provisional measures, border measures, the protection of trade secrets, and in general all the civil, criminal, and administrative actions relating to those rights; actions and suits instituted by me (us) or against me (us).

And that in all the above matters they may substitute this Power of Attorney, compromise, supersede, delegate, conciliate, admit the facts of the case, desist, cancel, receive, resign, ask for revocation, ratify acts done by representatives without a power of attorney, and grant Power of Attorney on my behalf to third parties in the above noted territories. The present Power of Attorney ratifies any action performed by the grantee, in which there would be any doubt.

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(Poder simplificado para América Latina)

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3. Specific procedure: national phase for PCT/US2023/036751 /solicitud de patente en fase nacional PCT/US2023/036751 (procedimiento específico)	

B. Type of Applicant

(Tipo de solicitante)

The applicant is: (El solicitante es)	☒ Legal Entity (Persona jurídica) ☐ 2. Natural Person/Individual (Persona natural)
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Only fill this section if the applicant is a Corporation

C. Legal entity that is granting this Power of Attorney

(Persona jurídica que otorga el presente poder)

1. Name of the Legal Entity: (Nombre de la persona jurídica)	THE CHILDREN'S HOSPITAL OF PHILADELPHIA
2. Country of Incorporation: (País de constitución)	Estados Unidos
3. Entity registration number:	

(Numero de identificacion de la entidad) SEE INSTRUCTIONS	
4. Full address of the Legal Entity: (Domicilio de la persona jurídica)	Street (calle): 3401 Civic Center Blvd
	City(ciudad): Philadelphia
	Zip Code (C.P.): PA 19140
	Country (país): Estados Unidos
5. Full name of the signatory : (Nombre completo del firmante)	Camille Jolly-Tornetta
6. Position of the authorized signatory: (Cargo del firmante autorizado)	Senior Director, Technology Transfer
7. Number and type of identification of the signatory: (Número y tipo de Identificación del firmante) SEE INSTRUCTIONS	
8. Signature: (Firma)	
9. Date and place of signature (Lugar y fecha de firma)	June 30, 2025 Pottstown, PA

Nombra(mos) a Alvaro Mauricio RAMIREZ BONILLA TP. 118.770., c.c. 79.790.039; Martha Cristina BONILLA CASTRO TP. 41.527., c.c. 41.566.976; domiciliados en la Carrera 43a No.1 sur-31 of 408, Medellín, Antioquia, Colombia, el primero como principal, la segunda como suplente como mis (nuestros) representantes en todos los asuntos y en los países señalados en el encabezado.

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Purpose of this form: To represent you or your client in Latin America, we need a power of attorney (POA) for each country. To simplify this procedure, we have created this simplified power of attorney. This form allows us to grant our local associates a POA, preventing you from signing a POA for each country.

The local IP Office requires all the information we require from you to start the procedure.

Formalities: In most cases, we require a simple signature using HelloSign. If you don't want to use this system, you can print it, sign it, scan it and send a copy of this POA, BUT, it is possible that in a particular case, an examiner requests a physical copy and to comply with an additional formality such as an apostille. If you print and sign this POA, keep the original for your records as it can be required physically at any moment.

Legalization Cost: We will try to keep the cost of getting the POA as low as possible, but if an additional formality or original copy is required by a local examiner, then you will have an additional fee of 150 USD/€ per country to comply with the formality and to ship the original document. In any case, we will let you know before incurring such expenses.

A. Coverage: Please select the matters and countries where you require our services. You can select as many matters and countries as you wish.

If you are not sure, please select the first option. "All the matters / all the countries", this will avoid having to grant other POA in the future.

In case you just want us to have a POA for a very specific case you can determine it in the field A.3 "specific matter", an acceptable example specification will be: "Trademark "The Sample", in class 3 in Costa Rica and Brazil"

B. Type of Applicant: The applicant is the owner or future owner of the IP right. This applicant can be a legal entity (B.1) or an individual (B.2). A legal entity can be a private corporation, a not-for-profit, a governmental agency, an international organization... By opposition, a natural person or individual is a bone and flesh person.

Please select the correct type of applicant. If you are filing for an IP right that is owned both by an entity and by an individual you can check both boxes.

In case the owners are two or more entities,

you have two options. Grant a POA per application or in each field you add a number to the specific applicant and you repeat that number everytime you are giving information about that applicant. (example. 1. John Smith 2. Sherlock Holmes 1. United States of America 2. United Kingdom)

C. Legal entity that is granting this Power of Attorney: Complete this section if you selected the applicant to be a legal entity. You will be required to give information about the entity (fields C1, C2, C3, C4) and also about the authorized person within the entity to grant the POA (fields C5 to C9).

C3 This field is only necessary for filings in Colombia

C7. A valid ID Number could be a passport, a drivers license, a national ID number. This field is only necessary for filings in Argentina, Bolivia, Brazil, Costa Rica, Ecuador, Salvador, Panama, Paraguay, Peru, Guatemala, Venezuela

C8. Signature of the authorized person is necessary to have a valid POA

D. Natural person/Individual that is granting this Power of Attorney:

D.1 Please enter the full name as it appears on a valid Identification piece

D.2 A valid ID Number could be a passport, a drivers license, a national ID number.

This field is only necessary for filings in Argentina, Bolivia, Brazil, Costa Rica, Ecuador, Salvador, Panama, Paraguay, Peru, Guatemala, Venezuela.

D.4 This field is only necessary for filings in Honduras, Nicaragua, Guatemala and Venezuela. Marital Status can be Single, married, divorced, widow.

Simplified Power of Attorney for Latin America

(Poder simplificado para América Latina)

A. Coverage (Cobertura)

This Power of attorney will cover the following matters and countries:

(Este poder cubrirá los siguientes asuntos y países)

1. Matters: (Asuntos)	☐ All these matters below (todos los asuntos abajo)		
	• Patents (Patentes) ☐ Trademarks (Marcas)	☐ Designs (Diseños Industriales) ☐ Copyrights (Derechos de Autor) ☐ Plant Breeders (Variedades u obtentores vegetales) ☐ Domain Names (Nombres de dominio)	
2. Countries: (Países)	☐ All these countries below (todos estos países abajo)		
	☐ Argentina ☐ Bolivia ☐ Brazil ☐ Chile • Colombia ☐ Costa Rica	☐ Dominicana, República ☐ Ecuador ☐ El Salvador ☐ Guatemala ☐ Honduras ☐ México	☐ Nicaragua ☐ Panamá ☐ Paraguay ☐ Perú ☐ Uruguay ☐ Venezuela
3. Specific procedure: national phase for PCT/US2023/036751 /solicitud de patente en fase nacional PCT/US2023/036751 (procedimiento específico)			

B. Type of Applicant

(Tipo de solicitante)

The applicant is: (El solicitante es)	• Legal Entity (Persona jurídica) ☐ 2. Natural Person/Individual (Persona natural)
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Only fill this section if the applicant is a Corporation

C. Legal entity that is granting this Power of Attorney

(Persona jurídica que otorga el presente poder)

1. Name of the Legal Entity: (Nombre de la persona jurídica)	ILLEXCOR HOLDINGS, LLC
2. Country of Incorporation: (País de constitución)	Estados Unidos
3. Entity registration number: (Numero de identificación de la entidad) SEE INSTRUCTIONS	

4. Full address of the Legal Entity: (Domicilio de la persona jurídica)	Street (calle): 3300 Pemberton Creek Court
	City(ciudad): Henrico
	Zip Code (C.P.): VA 23233
	Country (país): United States
5. Full name of the signatory : (Nombre completo del firmante)	Andrew Fleischman
6. Position of the authorized signatory: (Cargo del firmante autorizado)	CEO
7. Number and type of identification of the signatory: (Número y tipo de Identificación del firmante) SEE INSTRUCTIONS	F52420427502884 New Jersey Driver's License
8. Signature: (Firma)	
9. Date and place of signature (Lugar y fecha de firma)	06/02/2025 Philadelphia, PA, USA

Nombra(mos) a Alvaro Mauricio RAMIREZ BONILLA TP. 118.770., c.c. 79.790.039; Martha Cristina BONILLA CASTRO TP. 41.527., c.c. 41.566.976; domiciliados en la Carrera 43a No.1 sur-31 of 408, Medellín, Antioquia, Colombia, el primero como principal, la segunda como suplente como mis (nuestros) representantes en todos los asuntos y en los países señalados en el encabezado.

El suplente reemplazará al principal en caso de ausencia o impedimento temporal o definitivo de aquél. Si alguno de los nombrados faltare definitivamente, el suplente tomará su lugar. Cuando cesare la ausencia o impedimento del representante principal, o del suplente, en su caso, podrán ejercer la representación, en su orden, uno u otro según el caso, asumiéndola por el solo hecho de ejercerla, cesando en ese momento el ejercicio de la representación por el suplente en su caso.

Además, confiero (conferimos) poder a los

Do hereby appoint Alvaro Mauricio RAMIREZ BONILLA, TP. 118.770 C.C. 79.790.039; Martha Cristina BONILLA CASTRO TP. 41.527., c.c. 41.566.976; domiciled at Carrera 43a No.1 sur-31 Office 408, Medellín, Antioquia, Colombia,,the first as principal, the second as an alternate, as our representatives for all matters in the countries as defined in the header.

The alternate shall replace the principal in case of his absence or of temporal or definitive impediment. If any of the appointees were to be definitely absent, the alternate shall take his place. When the absence or impediment of the principal representative, or of the alternate in their turn ceases, the representation can be taken again in their sequence, by the principal or the alternate depending on case, and the mere fact or its exercise will suffice. The exercise of the representation by the alternates in their turn shall end at such time.

In addition, we grant a Power of Attorney in favour of the above-named attorneys-at-law so

abogados arriba nombrados, para obtener la protección de mi (nuestra) propiedad intelectual, propiedad industrial y contra la competencia desleal, a cuyo efecto autorizo (amos) a los dichos apoderados para que me (nos) representen ante cualesquiera entidades o personas, ejerzan o no jurisdicción, especialmente ante las del orden administrativo, contencioso-administrativo y judicial, así como los tribunales de arbitramento, en los países mencionados en el encabezado y otorgar poder para las mismas facultades a diferentes abogados y agentes en las jurisdicciones de los países mencionados en el encabezado para adelantar cualquiera de los trámites que a continuación se señalan:

a) Presentar solicitudes, notificarse y adelantar todos los trámites necesarios para la obtención, modificación, renovación de los derechos de propiedad industrial e intelectual señalados en el encabezado y el registro de licencias de uso de esos derechos;

b) Las acciones de competencia desleal, protección del consumidor, oposiciones u observaciones, cancelación administrativa o judicial, nulidad, medidas cautelares, concesión de licencias, la tutela, la protección de secretos industriales, protección en fronteras y en general los juicios civiles, penales, administrativos o contencioso-administrativos relacionados con estos derechos; acciones y procesos que promovamos o se nos promuevan.

En todos los asuntos arriba determinados, pueden sustituir este mandato, transigir, delegar, conciliar, admitir los hechos del proceso, desistir, cancelar, recibir, renunciar, sustituir, solicitar la revocatoria, ratificar los actos de agentes oficiosos y otorgar Poder de Representación en mi nombre a otros apoderados en todos los países señalados en el encabezado. El presente poder ratifica cualquier actuación efectuada por el apoderado, sobre el cual haya alguna duda.

that they may obtain the protection of my (our) intellectual property, industrial property and against the unfair competition, for which purpose I (we) authorize the said attorneys to represent me (us) before any authorities or persons, with or without jurisdiction, especially those administrative, administrative contentious and judicial, as well as before Arbitration Court, in the countries defined in the header and to grant power of attorney with the same faculties to different attorneys in the jurisdictions in those countries to act on any of the following procedures listed below:

a) File applications, get notifications and perform all the acts necessary for obtaining, modify, renew the industrial and intellectual property rights mentioned in the header and the registration of licenses of use of the above rights;

b) Actions of unfair competition, protection to the consumer, oppositions or observations, administrative or Court cancellation, nullity, infringement, granting of licenses, the action for writ mandamus, provisional measures, border measures, the protection of trade secrets, and in general all the civil, criminal, and administrative actions relating to those rights; actions and suits instituted by me (us) or against me (us).

And that in all the above matters they may substitute this Power of Attorney, compromise, supersede, delegate, conciliate, admit the facts of the case, desist, cancel, receive, resign, ask for revocation, ratify acts done by representatives without a power of attorney, and grant Power of Attorney on my behalf to third parties in the above noted territories. The present Power of Attorney ratifies any action performed by the grantee, in which there would be any doubt.

BRAZIL

<u>CESSÃO DE DIREITOS DE INVENTOR</u>	<u>ASSIGNMENT OF INVENTOR'S RIGHTS</u>
O(s) abaixo assinado(s) ▪ Nome: SAFO, Martin ○ Endereço: 3300 Pemberton Creek Court ○ Richmond, VA 23233, EUA ▪ Nome: ZHANG, Yan ○ Endereço: 11060 Old Milrace Terrace ○ Glen Allen, VA 23059, EUA ▪ Nome: FLEISCHMAN, Andrew ○ Endereço: 800 East Leigh Street, Suite 19 ○ Richmond, VA 23219, EUA ▪ Nome: LIGHT, David ○ Endereço: 800 East Leigh Street, Suite 19 ○ Richmond, VA 23219, EUA ▪ Nome: EL-ARABY, Moustafa ○ Endereço: P.O.BOX 80230 ○ Jeddah, SA 21589, Arábia Saudita ▪ Nome: OMAR, Abdelsattar ○ Endereço: P.O.BOX 80230 ○ Jeddah, SA 21589, Arábia Saudita ▪ Nome: ABDULMALIK, Osheiza ○ Endereço: 3401 Civic Center Blvd ○ Philadelphia, PA 19104, EUA	The undersigned ▪ Name: SAFO, Martin ○ Address: 3300 Pemberton Creek Court ○ Richmond, VA 23233, EUA ▪ Name: ZHANG, Yan ○ Address: 11060 Old Milrace Terrace ○ Glen Allen, VA 23059, EUA ▪ Name: FLEISCHMAN, Andrew ○ Address: 800 East Leigh Street, Suite 19 ○ Richmond, VA 23219, EUA ▪ Name: LIGHT, David ○ Address: 800 East Leigh Street, Suite 19 ○ Richmond, VA 23219, EUA ▪ Name: EL-ARABY, Moustafa ○ Address: P.O.BOX 80230 ○ Jeddah, SA 21589, Arábia Saudita ▪ Name: OMAR, Abdelsattar ○ Address: P.O.BOX 80230 ○ Jeddah, SA 21589, Arábia Saudita ▪ Name: ABDULMALIK, Osheiza ○ Address: 3401 Civic Center Blvd ○ Philadelphia, PA 19104, EUA
na qualidade de Autor(es) da: Patente de Invenção	as true Inventor(s) of: Patent of Invention
com título	with title: BENZALDEHYDE COMPOUNDS WITH DIRECT POLYMER DESTABILIZING EFFECTS TO TREAT SICKLE CELL DISEASE.
CEDE(m) o(s) seu(s) respectivo(s) direitos de Inventor(es) a: • VIRGINIA COMMONWEALTH UNIVERSITY [US]/[US] 800 East Leigh Street, Suite 3000 Richmond, VA 23298 United States of America • ILLEXCOR HOLDINGS, LLC. [US]/[US] 3300 Pemberton Creek Court Henrico, VA 23233 United States of America • KING ABDULAZIZ UNIVERSITY	Do(oes) ASSIGN(s) all rights of Authorship to: • VIRGINIA COMMONWEALTH UNIVERSITY [US]/[US] 800 East Leigh Street, Suite 3000 Richmond, VA 23298 United States of America • ILLEXCOR HOLDINGS, LLC. [US]/[US] 3300 Pemberton Creek Court Henrico, VA 23233 United States of America • KING ABDULAZIZ UNIVERSITY

P.O. Box 80230
Jeddah 21589
Saudi Arabia

- CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP)
3401 Civic Center Blvd
Philadelphia, PA 19104
United States of America

Ficando a(o) Cessionária(o) legitimada a requerer a Patente, Desenho Industrial ou registro de Software em seu próprio nome, no Brasil e no Exterior

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Saudi Arabia

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Philadelphia, PA 19104
United States of America

by which the Assignee is fully legitimated to apply for Patent, Design or Software rights in his own name in Brazil and Abroad

Place and date
Signature

mksafo

05/05/2025

SAFO, Martin

Place and date
Signature

Yan Zhang

05/05/2025

ZHANG, Yan

Place and date
Signature

Andrew Fleischman

05/05/2025

FLEISCHMAN, Andrew

Place and date
Signature

David Light

05/05/2025

LIGHT, David

Place and date
Signature

Moustaafa El-Araby

05/06/2025

EL-ARABY, Moustafa

Place and date
Signature

Abdelsattar Omar

05/06/2025

OMAR, Abdelsattar

Place and date
Signature

Osheiza Abdulmalik

05/06/2025

ABDULMALIK, Osheiza