

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM570441

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Cogen Immune Medicine, Inc.		02/20/2020	Corporation: DELAWARE

## RECEIVING PARTY DATA

<b>Name:</b>	Repertoire Immune Medicines, Inc.
<b>Street Address:</b>	26 Landsdowne Street
<b>City:</b>	Cambridge
<b>State/Country:</b>	MASSACHUSETTS
<b>Postal Code:</b>	02139
<b>Entity Type:</b>	Corporation: DELAWARE

## PROPERTY NUMBERS Total: 11

Property Type	Number	Word Mark
<b>Serial Number:</b>	87668163	COGEN THERAPEUTICS
<b>Serial Number:</b>	88409457	COGEN ENGINE
<b>Serial Number:</b>	88409497	COGEN IMMUNE MEDICINE
<b>Serial Number:</b>	88409538	COGEN IMMUNE MEDICINE
<b>Serial Number:</b>	88409577	
<b>Serial Number:</b>	88444006	THE IMMUNOME PROJECT
<b>Serial Number:</b>	88444052	THE HUMAN IMMUNOME PROJECT
<b>Serial Number:</b>	88637791	TEPTHERA
<b>Serial Number:</b>	88637852	T TEPTHERA
<b>Serial Number:</b>	88774013	REPertoire
<b>Serial Number:</b>	88774070	REPertoire IMMUNE MEDICINES

## CORRESPONDENCE DATA

Fax Number: 6176468646

*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.*

Phone: 6176468000

Email: cxltrademarks@wolfgreenfield.com

Correspondent Name: Christina M. Licursi

Address Line 1: 600 Atlantic Avenue

Address Line 2: Wolf, Greenfield &amp; Sacks, P.C.

TRADEMARK

<b>Address Line 4:</b>	Boston, MASSACHUSETTS 02210
<b>ATTORNEY DOCKET NUMBER:</b>	V0311.20001US00
<b>NAME OF SUBMITTER:</b>	Christina M. Licursi
<b>SIGNATURE:</b>	/Christina M. Licursi/
<b>DATE SIGNED:</b>	04/03/2020
<b>Total Attachments: 4</b> source=Repertoire Immune Medicines, Inc. Name Change Document#page1.tif source=Repertoire Immune Medicines, Inc. Name Change Document#page2.tif source=Repertoire Immune Medicines, Inc. Name Change Document#page3.tif source=Repertoire Immune Medicines, Inc. Name Change Document#page4.tif	

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FPC

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Certificate of Amendment

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 15.04; 950 CMR 113.49)

(1) Exact name of corporation: Cogen Immune Medicine, Inc.  
*(as contained in the Division's records)*

(2) Registered office address: 26 Lansdowne Street, Third Floor, Cambridge MA 02139  
*(number, street, city or town, state, zip code)*

(3) This amendment shall change:

*(check appropriate box(es))*

the corporation's name to\*: Repertoire Immune Medicines, Inc.

the period of the corporation's duration to: \_\_\_\_\_

the state or country of its incorporation to\*: \_\_\_\_\_

the street address of its principal office to: \_\_\_\_\_

the fiscal year end to: \_\_\_\_\_

the activities conducted by the foreign corporation in the commonwealth: \_\_\_\_\_

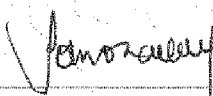
its officers and directors: \_\_\_\_\_

other \_\_\_\_\_

*The name must satisfy the requirements of G.L. Chapter 156D, Section 15.06.*

*\* If the amendment includes a change of its corporate name, or the state or country of its incorporation, attach a certificate evidencing the changes duly authenticated by the secretary of state or other official having custody of the corporate records in the state or country under whose law it is incorporated. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.*

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date of filing is specified: \_\_\_\_\_

Signed by:  \_\_\_\_\_  
*(signature of authorized individual)* Sok Cheng Soh

- Chairman of the board of directors,
- President,
- Other officer,
- Court-appointed fiduciary,

on this 4th day of March, 2020

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "COGEN IMMUNE MEDICINE, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "REPERTOIRE IMMUNE MEDICINES, INC." ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2020, AT 9:40 O`CLOCK A.M.



Handwritten signature of Jeffrey W. Bullock, Secretary of State, with a horizontal line underneath. Below the signature is the printed name "Jeffrey W. Bullock, Secretary of State".

5947487 8320  
SR# 20201921592

Authentication: 202517683  
Date: 03-04-20

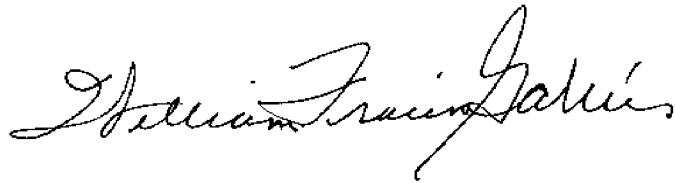
You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**TRADEMARK**  
**REEL: 006908 FRAME: 0108**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

March 05, 2020 09:20 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*