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APPLICATION #	RECEIPT DATE / TIME	ATTORNEY DOCKET #
<b>18/307,718</b>	<b>05/07/2025 01:03:06 PM Z ET</b>	<b>50535-709.307</b>

**Title of Invention**

CORTICOTROPIN RELEASING FACTOR RECEPTOR ANTAGONISTS

**Application Information**

APPLICATION TYPE	Utility - Nonprovisional Application under 35 USC 111(a)	PATENT #	12115166
CONFIRMATION #	9067	FILED BY	Colleen Mensching
PATENT CENTER #	70318009	FILING DATE	04/26/2023
CUSTOMER #	21971	FIRST NAMED INVENTOR	Alexis HOWERTON
CORRESPONDENCE ADDRESS	-	AUTHORIZED BY	Victoria Cheng

**Documents****TOTAL DOCUMENTS: 1**

DOCUMENT	PAGES	DESCRIPTION	SIZE (KB)
Spruce Biosciences Inc. 50535-709.307 - Statutory Disclaimer.pdf	2	Statutory disclaimers per Manual of Patent Examining Procedure(MPEP) 1490.	716 KB

**Digest**

DOCUMENT	MESSAGE DIGEST(SHA-512)
Spruce Biosciences Inc. 50535- 709.307 - Statutory Disclaimer.pdf	D1C7FB3AF55AD46F8F635112AD84B640A6E4683D68B8B5E2 D31E746408D58C5707F014D5355C91F99A317A028ECC11598 C8EF98119898BCCA8F0176A6DA9276D

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Spruce - EXHIBIT 2001

Neurocrine Biosciences, Inc. v. Spruce Biosciences Inc. PGR2025-00032

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Name of Patentee <b>Spruce Biosciences, Inc.</b>	Docket Number (optional) <b>50535-709.307</b>
Patent Number <b>12115166</b>	Date Patent Issued <b>October 15, 2024</b>
Title of Invention <b>CORTICOTROPIN RELEASING FACTOR RECEPTOR ANTAGONISTS</b>	
<p>Patentee hereby disclaims:</p> <p><input checked="" type="checkbox"/> the following complete claim(s) in the above-identified patent: <u>1-21</u>.</p> <p><input type="checkbox"/> the terminal part of the term of the above-identified patent beginning on the date: _____.</p> <p><input type="checkbox"/> the entire term of the above-identified patent.</p> <p>The disclaimer is binding on the patentee and its successors or assigns.</p> <p>The extent of patentee's ownership interest in the above-identified patent is: <u>100%</u>.</p> <p>The fee for this disclaimer is set forth in 37 CFR 1.20(d) and is being paid in the following manner:</p> <p><input type="checkbox"/> payment by the USPTO patent electronic filing system.</p> <p><input checked="" type="checkbox"/> the Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>232415</u>.</p> <p><input type="checkbox"/> payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> a check in the amount of the fee is enclosed.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</p> <p>The undersigned is:</p> <p><input type="checkbox"/> patentee. If patentee is a juristic entity, the undersigned is authorized to act on behalf of the juristic entity.</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p>	
Signature <b>/Victoria Cheng/</b>	Date <b>May 7, 2025</b>
Name (printed/typed) <b>Victoria Cheng</b>	Practitioner registration number <b>79,641</b>
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