Power of attorney

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Subject area One subject area per form only.	☐ Trademark ☐ Desi	gn	☐ Patent	
Application/ reg.no. The power of attorney applies to the following application/ registration: (Please use the list on the next page if the list below is not sufficient.)	Appl. No./Reg. No./Patent No. EP3160234	COM HAN	ID OR FEET BIOFILM GROWTH	FING AND TREATING OPTHALMIC,
Attachments Change of representativ	 ☐ Check box if additional documentation is attached ☐ This is a notification of change of representative ☐ Your reference regarding this notification: 			
Representative I/we hereby authorize:	Given name/Company name; Plougmann Vingtoft Postal address: C.J. Hambros plass 2C Postal code: 0164 City: Oslo Country: Norway the power to file an application and represent me/us in everything concerning it, and after the application has been registered, to receive announcements and other procedural communications relating to it. I/we hereby also confer upon the representative the right to withdraw the application, partially or totally, and to request a partial or total cancellation of the protection. This power of attorney includes divisional and separate applications and protection obtained on the basis of such applications. The representative is authorised to transfer this power of attorney to another agent.			
Applicant/ holder	Given name/Company name; Kane Biotech Inc. Postal address: 162-196 Innovation Drive, Winnipeg, Manitoba R3T 2N2, CA			
Signature	Place: Montreal		Date: October 14,2021	Signature (the holder or his/her representative):