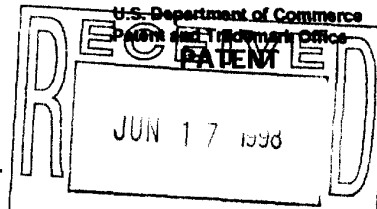


06-23-1998



100745229

**RECORDATION FORM COVER SHEET
PATENTS ONLY**



TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- ☒ New
- ☐ Resubmission (Non-Recordation)
Document ID#
- ☐ Correction of PTO Error
Reel # Frame #
- ☐ Corrective Document
Reel # Frame #

Conveyance Type

- ☒ Assignment ☐ Security Agreement
- ☐ License ☐ Change of Name
- ☐ Merger ☐ Other
- U.S. Government**
(For Use ONLY by U.S. Government Agencies)
- ☐ Departmental File ☐ Secret File

Conveying Party(ies)

- ☐ Mark If additional names of conveying parties attached
- Name (line 1) Falk, Rudolf Edgar (Estate) Execution Date Month Day Year 05131998

Name (line 2) by his Executor, William Francis Falk

Second Party

Name (line 1) Execution Date Month Day Year

Name (line 2)

Receiving Party

- ☐ Mark If additional names of receiving parties attached

Name (line 1) Hyal Pharmaceutical Corporation

Name (line 2)

Address (line 1) 2425 Skymark Avenue

Address (line 2)

Address (line 3) Mississauga, Ontario

Canada

L4W 4Y6

City

State/Country

Zip Code

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

06/22/1998 TTOW11 00000063 08290840

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FOR OFFICE USE ONLY

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Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

REEL: 9247 FRAME: 0562

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Application Number(s) or Patent Number(s)

☒ Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number
only if a U.S. Application Number
has not been assigned.

PCT

PCT

PCT

PCT

PCT

PCT

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment:
Deposit Account

Enclosed ☒

Deposit Account ☐

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

☒

No

☐

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Ivor M. Hughes (Reg. #27,759)

Name of Person Signing

Signature

June 9, 1998

Date

RECORDATION FORM COVER SHEET
CONTINUATION
PATENTS ONLY

U.S. Department of Commerce
Patent and Trademark Office
PATENT

Conveying Party(ies)

☐ Mark if additional names of conveying parties attached

Enter additional Conveying Parties

Name (line 1)	<input type="text"/>	Execution Date Month Day Year	<input type="text"/>
Name (line 2)	<input type="text"/>	Execution Date Month Day Year	<input type="text"/>
Name (line 1)	<input type="text"/>	Execution Date Month Day Year	<input type="text"/>
Name (line 2)	<input type="text"/>	Execution Date Month Day Year	<input type="text"/>
Name (line 1)	<input type="text"/>	Execution Date Month Day Year	<input type="text"/>
Name (line 2)	<input type="text"/>	Execution Date Month Day Year	<input type="text"/>

Receiving Party(ies)

☐ Mark if additional names of receiving parties attached

Enter additional Receiving Party(ies)

Name (line 1)	<input type="text"/>	<input type="checkbox"/> If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)				
Name (line 2)	<input type="text"/>					
Address (line 1)	<input type="text"/>					
Address (line 2)	<input type="text"/>					
Address (line 3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	City	State/Country	Zip Code
Name (line 1)	<input type="text"/>	<input type="checkbox"/> If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)				
Name (line 2)	<input type="text"/>					
Address (line 1)	<input type="text"/>					
Address (line 2)	<input type="text"/>					
Address (line 3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	City	State/Country	Zip Code

Application Number(s) or Patent Number(s)

☐ Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)			Patent Number(s)		
<input type="text" value="08/466,712"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Assignment

Estate

We, **RUDOLF EDGAR FALK, /SAMUEL SIMON ASCULAI, EHUD SHMUEL KLEIN, DAVID WILLIAM HARPER, DAVID HOCHMAN and DON PURSCHKE**, whose full post office addresses are P.O. Box 200, Glencairn, Ontario, Canada, L0M 1K0; 53 McCaul Street, Apartment #TH13, Toronto, Ontario, Canada, M6M 2B6; 79 Hagalil Street, Ganei Tikva, Givat Savyon, Israel, 55900; 50 Lombard Street, Suite 1905, Toronto, Ontario, Canada, M5C 2X4; 180 Rosedale Heights Drive, Thornhill, Ontario, Canada, L4J 4W4; and 55 Erskine Avenue, Apt. #1509, Toronto, Ontario, Canada, M4P 1Y7; respectively, in consideration of One Dollar and other good and valuable consideration, the receipt of which is hereby acknowledged, do hereby sell and assign to **HYAL PHARMACEUTICAL CORPORATION**, whose full post office address is 2425 Skymark Avenue, Mississauga, Ontario, Canada, L4W 4Y6, all the right, title and interest in the United States of America, in and to our invention relating to improvements in **FORMULATIONS CONTAINING HYALURONIC ACID**, as fully set forth and described in the specification of:

United States Patent Application Serial No. 08/290,840, filed October 27, 1994
United States Patent Application Serial No. 08/474,732, filed June 7, 1995
United States Patent Application Serial No. 08/467,171, filed June 6, 1995
United States Patent Application Serial No. 08/466,715, filed June 6, 1995
United States Patent Application Serial No. 08/467,994, filed June 6, 1995
United States Patent Application Serial No. 08/467,995, filed June 6, 1995
United States Patent Application Serial No. 08/468,330, filed June 6, 1995
United States Patent Application Serial No. 08/466,714, filed June 6, 1995
United States Patent Application Serial No. 08/466,713, filed June 6, 1995

and all the right, title and interest in the United States of America, in and to our invention relating to improvements in **THE USE OF HYALURONIC ACID AND A MEDICINAL AGENT FOR TREATING A DISEASE IN HUMANS**, as fully set forth and described in the specification of:

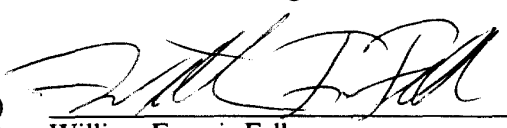
United States Patent Application Serial No. 08/466,712, filed June 6, 1995

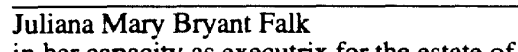
as fully described and claimed in our application for a patent for such invention and all supplementary applications, and divisional applications thereof and to all our corresponding right, title and interest in and to any patent which may issue therefor and any and all reissues thereof.

And we, on behalf of ourselves and our heirs, executors, representatives and administrators, hereby covenant and agree to do all such lawful acts and things and to execute without further consideration such further lawful assignments, documents, assurances, applications, and other instruments as may reasonably be required by said assignee, its successors, assigns or legal representatives, to obtain any and all Letters Patent of the United States of America for said invention and vest the same in said assignee, its successors, assigns or legal representatives.

WITNESS my hand and seal at)
the City of ~~San Jose~~ in the)
State of ~~California~~ this)
13th day of May, 1998)
13th

Notary Public

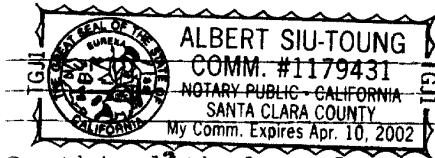

William Francis Falk
in his capacity as executor for the estate of
Rudolf Edgar Falk


Juliana Mary Bryant Falk
in her capacity as executrix for the estate of
Rudolf Edgar Falk

PATENT

REEL: 9247 FRAME: 0565

Affidavit



23

POSTAL ANNEX+ 120
236 STANFORD SHOPPING CENTER
PALO ALTO, CA 94304
(415) 324-8082

On this 13th day of May, 1998 William Francis Falk as one of the executors for the estate of Rudolf Edgar Falk personally appeared before me and is known to me to be one of the executors of the individual described in the foregoing instrument, and who swore before me that he executed the same, and to have the legal capacity to do so as one of the executors for the estate of Rudolf Edgar Falk.

POSTAL ANNEX+ 120
236 STANFORD SHOPPING CENTER
A Commissioner, Notary, etc. PALO ALTO, CA 94304
(415) 324-8082
5/13/98

WITNESS our hands and seals
at the City of Mississauga
in the Province of Ontario
this ____ day of February, 1998

Samuel Simon Asculai

A Commissioner, Notary, etc.

Affidavit

On this ____ day of February, 1998 personally appeared before me **SAMUEL SIMON ASCULAI**, to me known to be the individual described in the foregoing instrument, and who swore before me that he executed the same.

A Commissioner, Notary, etc.

WITNESS our hands and seals
at the City of Mississauga
in the Province of Ontario
this ____ day of February, 1998

Ehud Shmuel Klein

A Commissioner, Notary, etc.

Affidavit

On this ____ day of February, 1998 personally appeared before me **EHUD SHMUEL KLEIN**, to me known to be the individual described in the foregoing instrument, and who swore before me that he executed the same.

A Commissioner, Notary, etc.

REEL: 9247 FRAME: 0566

$$\begin{array}{c}) \\) \\) \\) \\) \\) \\) \end{array}$$

A Commissioner, Notary, etc.

A Commissioner, Notary, etc.

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A Commissioner, Notary, etc.

A Commissioner, Notary, etc.

WITNESS our hands and seals)
at the City of Mississauga)
in the Province of Ontario)
this ____ day of February, 1998)

Don Purschke

A Commissioner, Notary, etc.)

Affidavit

On this ____ day of February, 1998 personally appeared before me **DON PURSCHKE**, to me known to be the individual described in the foregoing instrument, and who swore before me that he executed the same.

A Commissioner, Notary, etc.