

09-21-1998

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To the Honorable Commisssic

100833991

and the attached original documents or copy thereof.

1. Name of conveying party(ies):

Arlene Gwon
Elizabeth Woldemussie

8-31-98

2. Name and address of receiving party(ies):

Name: Vision Pharmaceuticals, L.P.

Internal Address:

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment Merger
- Security Agreement Change of Name
- Other _____

Execution Date: 7/29/1998

Street Address: 2525 Dupont Drive

City: Irvine State: CA ZIP: 92612

Additional name(s) & address(es) attached? Yes No

4. Application number(s) or patent number(s):

09/126,064 Filed July 30, 1998

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Robert J. Baran (T2-2E)
Allergan, Inc.

Internal Address:

Street Address: 2525 Dupont Drive

City: Irvine State: CA ZIP: 92612

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 3.41): \$ 40.00

- Enclosed
- Authorized to be charged to deposit account

B. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

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9. 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.

Robert J. Baran
Name of Person Signing

RJ Baran
Signature

August 26, 1998
Date

17267 (AP)

Total number of pages comprising cover sheet:

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Date

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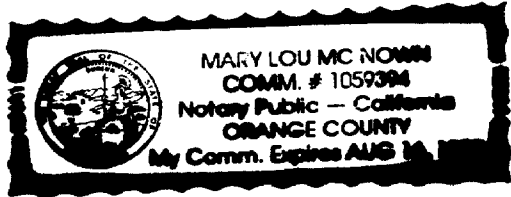
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personally appeared ARLENE GWON
NAME(S) OF SIGNER(S)

personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Mary Lou McNow
SIGNATURE OF NOTARY

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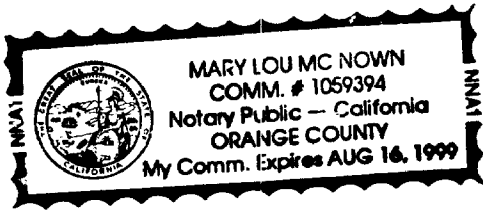
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