



10-08-1998



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/Docket No.: 6119.N CP

PATENTS ONLY

PATENTS ONLY

To the Honorable Commissioner of Patents & Trademarks:
Please record the attached original document or copy thereof.

1. Name of Party(ies) conveying an interest:

Robert C. Gadwood
Lisa M. Thomasco
David J. Anderson

2. Name and address of Party(ies) receiving an interest:

Pharmacia & Upjohn Company
Intellectual Property Legal Services
301 Henrietta Street
Kalamazoo, MI 49001

3. Description of the interest conveyed:

☒ Assignment ☐ Merger
☐ Security Agmt ☐ Change of Name
☐ Other

Execution Date: September 24, 1998

4. Application number(s) or patent number(s). Additional sheet attached ☐ Yes ☒ No
If this document is being filed together with a new application, the execution date of the application is: _____ date

A. Patent Application No.(s)

09/111,995
filed July 8, 1998

B. Patent No.(s)

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

Julie Lyons, Legal Assistant
Pharmacia & Upjohn, 1920-32-LAW
Intellectual Property Legal Services
301 Henrietta Street
Kalamazoo, Michigan 49001-0199

6. Number of applications and patents involved:

One

7. Amount of fee enclosed or authorized to be charged:

\$40.00

8. Deposit account number: 21-0718

DO NOT USE THIS SPACE

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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.

Signature

Julie Lyons, Legal Assistant
Name of Person Signing

Date: September 24, 1998

ASSIGNMENT

Title: Thiadiazolyl and Oxadiazolyl Phenyl Oxazolidinone Antibacterial Agents
Inventors: Robert C. Gadwood, Lisa M. Thomasco, David J. Anderson
Serial No.: 09/111,995 **Filing Date:** July 8, 1998
Docket No.: 6119.N CP **Country:** USA

As a below-named inventor, I hereby declare that:

My post office address is as stated below under my signature and I am named as inventor of the inventions or discoveries (herein INVENTIONS) as described in the patent application (herein APPLICATION) identified above. In view of valuable consideration, receipt thereof is hereby acknowledged, I do hereby assign and transfer unto PHARMACIA & UPJOHN COMPANY, a corporation of the State of Delaware having a place of business at Kalamazoo, Michigan, its successors and assigns, my entire interest in and the full and exclusive right to the INVENTIONS, the APPLICATION and all related applications (including all divisions, reissues, continuations, and extensions thereof) and all counterparts in other countries, and any and all Letters Patent (and certificates of invention or similar certificates) (herein PATENTS) which may be granted based upon the INVENTIONS or the APPLICATION or related applications or counterparts in other countries; said transfer and assignment being applicable throughout the world. I hereby authorize and request officials of patent offices in any and all countries of the world to issue any and all of the PATENTS, when granted, to PHARMACIA & UPJOHN COMPANY, its successors and assigns, as the assignee of my entire right, title, and interest in and to the same. I agree that I will communicate to PHARMACIA & UPJOHN COMPANY, or its representatives, any facts known to me respecting the invention; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuation, substitution, renewal, and reissue applications; execute all necessary assignment papers to cause any and all of the PATENTS to be issued to PHARMACIA & UPJOHN COMPANY; make all rightful oaths; and generally do everything possible to aid PHARMACIA & UPJOHN COMPANY, its successors and assigns, to obtain and enforce proper protection for the INVENTION in any and all countries throughout the world.

FULL NAME OF FIRST/SOLE INVENTOR: Robert C. Gadwood

Signature of Inventor: Robert C. Gadwood

Address: 5232 Stonehenge, Kalamazoo, Michigan 49008

STATE OF MICHIGAN
COUNTY OF KALAMAZOO

On September 24, 1998, the above-named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

SEAL _____

Julie K Lyons
Notary Public
JULIE K. LYONS
Notary Public, Kalamazoo County, MI
My Commission Expires July 6, 2002

FULL NAME OF SECOND/JOINT INVENTOR: Lisa M. Thomasco

Signature of Inventor: *Lisa M. Thomasco*

Address: 953 Dobbin Drive, Kalamazoo, Michigan 49006

STATE OF MICHIGAN
COUNTY OF KALAMAZOOOn September 15, 1998, the above-named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

SEAL _____

Julie K Lyons
Notary Public
JULIE K. LYONS
Notary Public, Kalamazoo County, MI
My Commission Expires July 6, 2002

FULL NAME OF THIRD/JOINT INVENTOR: David J. Anderson

Signature of Inventor: *David J. Anderson*

Address: 3809 Middlebury, Kalamazoo, Michigan 49006

STATE OF MICHIGAN
COUNTY OF KALAMAZOOOn September 21, 1998, the above-named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

SEAL _____

Julie K Lyons
Notary Public
JULIE K. LYONS
Notary Public, Kalamazoo County, MI
My Commission Expires July 6, 2002