

01-28-1999



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

1. Name of Party(ies) conveying an interest: Andrew A. Maxwell	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: [X] Assignment [] Merger [] Security Agmt [] Change of Name [] Other Execution Date: June 9, 1997	
4. Application number(s) or patent number(s). Additional sheet attached [] Yes [X] 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) 08/872,274 filed June 9, 1997	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
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01/27/1999 SBURMS 00000232 210718 08872274 01 FC:581 40.00 CH	
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. <div style="display: flex; justify-content: space-between;"> <div> <u>Julie Lyons</u> Signature Date: January 21, 1999 </div> <div> <u>Julie Lyons, Legal Assistant</u> Name of Person Signing </div> </div>	

ASSIGNMENT**Title: Syringe Guide and Vial Holder****Inventors: Andrew A. Maxwell****Serial No.:****Filing Date:****Execution Date of Application: June 9, 1997****Docket No.: 6128****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: Andrew A. Maxwell

Signature of Inventor: *A. Maxwell*

Address: 130 Sunnywood; Kalamazoo MI 49009

STATE OF MICHIGAN
COUNTY OF KALAMAZOO

On June 9, 1997, 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 PublicJULIE K LYONS
Notary Public, Kalamazoo County, MI
My Commission Expires July 6, 1998