

OMB No. 0651-0011 (exp. 4/94)

PATENTS ONLY

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

1. Name of conveying party(ies):

Ciba Self-Medication, Inc.

2. Name and address of receiving party(ies)

Name: Novartis Consumer Health, Inc.

Internal Address: _____

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

3. Nature of conveyance:

☐ Assignment☐ Merger☐ Security Agreement☒ Change of Name☐ Other _____Street Address: 560 Morris AvenueCity: Summit State: N.J. ZIP: 07901-1312Execution Date: February 3, 1997Additional name(s) & address(es) attached? ☐ Yes ☒ No

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

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)

4,744,986 4,869,902 5,112,813

Additional numbers attached? ☐ Yes ☒ No

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

Name: Thomas HoxieInternal Address: Novartis CorporationPatent and Trademark Dept.Street Address: 564 Morris AvenueCity: Summit State: NJ ZIP: 07901-1027

6. Total number of applications and patents involved: 3

7. Total fee (37 CFR 3.41) \$ 120☐ Enclosed☒ Authorized to be charged to deposit account and any other additional fees required.

8. Deposit account number:

19-0134 (in the name of Novartis Corporation)

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

DO NOT USE THIS SPACE

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.*Melvyn M. KassenoffName of Person Signing
Reg. No. 26,389Melvyn M. Kassenoff

Signature

October 4, 2000

Date

☐ Certificate of mailing on reverse side

Total number of pages including cover sheet, attachments, and document: 2

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

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PATENT
REEL: 011019 FRAME: 0785

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CIBA SELF-MEDICATION, INC.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "NOVARTIS CONSUMER HEALTH, INC.", THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 1996, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

8312550

PATENT
02-03-97

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RECORDED: 10/04/2000

REEL: 011019 FRAME: 0786