**FORM PTO-1595** 1-31-92 (modified)

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To the Commissioner of Patents. Please record the attached original documents or copy thereof. Name of conveying party(les); 2. Name and address of receiving party(ies): Adam Sledeski Aventis Pharmaceuticals Products Inc. Name: EMC-G1 Internal Address: Street Address: Additional name(s) of conveying party(ies) attached? | YES | NO Route 202-206; PO Box 6800 City: Bridgewater State: NJZIP: 08807-0800 Nature of Conveyance: Assignment Merger Additional name(s) and address(es) attached? YES Security Agreement Change of Name Other Execution Date: February 18, 2001 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): Patent No.(s): Additional numbers attached? YES NO 5. Name and address of party to whom correspondence concerning Total number of applications and patents involved: 1 document should be mailed: Ross J. Oehler, Reg. No. 33,270 7. Total (37 CFR 3.41):.... Aventis Pharmaceuticals Inc. Internal Address: Street Address: Route 202-206 / P.O. Box 6800 Enclosed Bridgewater City: State: N.I ZIP: 08807-0800 Authorized to be charged to deposit account 8. Deposit account number: 18-1982 Our Reference No.: A2464A DO NOT USE THIS SPACE 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. Ross J. Oehler, Reg. No. 33,270 Name of Person Signing Signature Date Total number of pages comprising cover sheet:

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A2464A-US

## **ASSIGNMENT**

## (with Priority Rights) and **INVENTORSHIP DECLARATION**

I do hereby claim and declare that I am/we are the sole, true and first inventor(s) of an invention relating to and entitled:

	I do liciopà ciami and abbidit tilat i amiliate dic	the sole, the and hist inventor(s) of an invention relating to and entitled.
Title of Invention	PROCESS FOR THE PREPARATION OF AZACYCLOALKYLALKANOYL PSEUDOTETRAPEPTIDES	
Assignee Instant Application	which invention was made by me/us out of and in the course of my/our employment with Aventis Pharmaceuticals Products Inc., formerly known as Rhone-Poulenc Rorer Pharmaceuticals Inc., (hereinafter referred to as the "Assignee").  I/we acknowledge that I/we hold the invention and all patent and other rights and powers obtainable or exercisable in respect thereof in trust for the Assignee.  As trustee(s), and in consideration of the remuneration for my/our work, effective as of, I/we do hereby declare, sell, assign, and transfer unto Assignee my/our entire right, title and interest throughout the world, in and to the invention and all rights and powers to make applications for Letters Patent in its own name, or in the name of its nominee; and all rights and powers to file any reissue, divisional, continuing or substitute application and any corresponding applications in any and all countries, including all right to claim priority under all International Conventions and Treaties in the name of said Assignee, and do hereby authorize said Assignee to insert here the Number 09/544,680 and Filing Date April 7, 2000	
Corresponding Application No.	in	
Date, Country	In	
	and I/we do hereby authorize and request that and consent to the recordal of this Assignment t	where that patent property must be entered for recordal of this Assignment; any such Letters Patent be issued to said Assignee in accordance herewith; being under covenant, not only that I/we have full power to make the same, but bered by any grant, license, or other right heretofore given.
	☐ Additional Names and Signatures attached. Subscribed and Sworn by me/us:	
1. Full Name: Ada		3. Full Name:
Signature:	Sledeler	
Date:	January 18, 2001	Signature:
Country of Citizens	hip: POLAND	Date:
Residence: Belle ]	Mead NI	Country of Citizenship:
	(City and State/City and Country only)	Residence: (City and State/City and Country only)
P.O. Address:		P. O. Address:
		_
2. Full Name:		4. Full Name:
Signature:		Signature:
Date:		Date:
Country of Citizenship;		Country of Citizenship:
Residence:	(City and State/City and Country only)	Residence: (City and State/City and Country only)
		(City and State/City and Country only)
		P. O. Address;
		<u> </u>
5. Full Name:		6 Full Name
Signature:		
Date:		_ Date:
Country of Citizens	nip:	_ Country of Citizenship:
Adsidence:	(City and State/City and Country only)	Residence:

P. O. Address: \_

**RECORDED: 02/19/2001** 

P. O. Address:

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