TO Assignment Office Fax: 703-306-5995	PATENT/Docket No.: 00285.U
	PATENTS ONLY sioner of Patents & Trademarks: riginal document or copy thereof.
Name of Party(ies) conveying an interest:     Jason K. Myers     Vincent E. Groppi, Jr.     David W. Piotrowski	2. Name and address of Party(ies) receiving an interest:  Pharmacia & Upjohn Company Global Intellectual Property 301 Henrietta Street Kalamazoo, MI 49001
3. Description of the interest conveyed:	
[X] Assignment [] Merger [] Security Agmt [] Change of Name [] Other	
Execution Date: September 19, 2001	
4. Application number(s) or patent number(s). If this document is being filed together with application is:	
A. Patent Application No.(s) 09/932,325, filed August 17, 2001	B. Patent No.(s)
5. Name and address of party to whom correspondence concerning this document should be faxed:	6. Number of applications and patents involved:
Julie Lyons, Legal Assistant Pharmacia & Upjohn, 0228-32-LAW Global Intellectual Property 301 Henrietta Street Kalamazoo, Michigan 49001-0199	One
Fax Number 616-833-8897	7. Amount of fee enclosed or authorized to be charged: \$40.00
	8. Deposit account number: 21-0718
DO NOT U	ISE THIS SPACE
9. Statement and signature.  To the best of my knowledge and belief, the attached copy is a true copy of the original of	foregoing information is true and correct and any document.
Signature	Julie Lyons, Legal Assistant Name of Person Signing
Date: October 12, 2001	

PL-30.PAT2/98

**2**002

PATENT/Docket No. 00285.US3

## ASSIGNMENT

Title:

QUINUCLIDINE-SUBSTITUTED ARYL COMPOUNDS FOR TREATMENT OF

DISEASE

Inventors:

JKMyers, VEGroppi, DW Piotrowski

Serial No.: 09/9

09/932,325

Filing Date:

8/17/01

Docket No. 00

00285.US3

Country:

US

**Execution Date of Application:** 

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. I hereby authorize and request the attorneys of record in said application to insert in this assignment the execution date and/or filing date and serial number of said application when officially known.

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Address:

FULL NAME OF FIRST/SOLE INVENTOR: Jason K. Myers

1028 Homecrest Avenue, Kalamazoo, Michigan 49001

PATENT/Docket No. 00285.US3

STATE OF MICHIGAN		
COUNTY OF KALAMAZOO		
On <u>Scottenfer 17, 2001</u> , 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 Debra & Margnette		
Notary Public DEBRA J. MARQUETTE Notary Public, Kalamazoo County, MI My Commission Expires 9/25/2004		
FULL NAME OF SECOND/JOINT INVENTOR: Vincent E. Groppi, Jr.		
Signature of Inventor: Direct & Groppi		
Address: 318 Sprague Avenue, Kalamazoo, Michigan 49006		
STATE OF MICHIGAN		
COUNTY OF KALAMAZOO		
On <u>Josepher 10</u> , <u>200/</u> , 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 - Lebra & Marquette		
Notary Public		
Notary Public, Kalamazoo County, MI		
My Commission Expires 9/25/2004		

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FULL NAME OF THIRD/JOINT INVENTOR: David W. Piotrowski		
Signature of Inventor: War W. Vication his		
Address: 3248 Lost Pine Way, Portage, Michigan 49024		
STATE OF MICHIGAN		
COUNTY OF KALAMAZOO		
On		
deed in and for the purposes set forth in said instrument.		
SEAL Debrat Marguette		
Notary Public DEBRA J. MARQUETTE		
Notary Public, Kalamazoo County, Mi My Commission Expires 9/25/2004		
INT CONTROL CAPITOS SIZUIZAÇÃ		

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**RECORDED: 10/12/2001** 

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