PTO Assignment Office Fax: 703-306-5995	PATENT/Docket No.: 00286.US
PATENTS ONLY	PATENTS ONLY
To the Honorable Commiss	sioner of Patents & Trademarks: original document or copy thereof.
Name of Party(ies) conveying an interest: Jason K. Myers David W. Piotrowski David W. Piotrowski	Name and address of Party(ies) receiving an interest: Pharmacia & Upjohn Company
Bruce N. Rogers Alice L. Bodnar Vincent E. Groppi, Jr. Eric Jon Jacobsen Jeffrey W. Corbett	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 28, 2001	
4. Application number(s) or patent number(s). If this document is being filed together with application is:	
A. Patent Application No.(s) 09/932,299, 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	JSE THIS SPACE
•	
attached copy is a true copy of the original	e foregoing information is true and correct and any document.
Signature Signature	Julie Lyons, Legal Assistant Name of Person Signing
Date: November 2, 2001	

PL-30.PAT

PATENT **REEL: 012147 FRAME: 0145**

700008484

ASSIGNMENT

Title:

Quinuclidines-Substituted Heteroaryl Moieties for Treatment of Disease

Inventors:

JK Myers, BN Rogers, VE Groppi, DW Piotrowski, AL Bodnar, EJ Jacobsen, JW

Corbett

Serial No.:

Serial No. 09/932,299

Filing Date:

8/17/01

Docket No. 00286.US1

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.

Form 30 4/17/98

Page 1

PATENT REEL: 012147 FRAME: 0146 FULL NAME OF FIRST/SOLE INVENTOR: Jason K. Myers

PATENT/Docket No. 00286.US1

Signature of Inventor:	
Address: 1028 Homecrest Avenue, Kalamazoo, Michigan 49001	
STATE OF MICHIGAN COUNTY OF KALAMAZOO	
On, 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 Dobra J. Margnette	
Notary Public / DEBRA J. (MARQUETTE Notary Public, Kalamazoo County, MI My Commission Expires 9/25/2004	
FULL NAME OF SECOND/JOINT INVENTOR: Bruce N. Rogers	
Signature of Inventor:	
Address: 5860 Tradewind Drive, Portage, Michigan 49024	
STATE OF MICHIGAN	
COUNTY OF KALAMAZOO	
On <u>forewhy</u> <u>30</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 Debia & Marquette	
Notary Public DEBRA J. MARQUETTE Notary Public, Kalamazoo County, MI My Commission Expires 9/25/2004	

FULL NAME OF THIRD/IQINT INVENTOR: Vincent E. Groppi, Jr.
Signature of Inventor: & Grapp: f
Address: 318 Sprague Avenue, Kalamazoo, Michigan 49006
STATE OF MICHIGAN COUNTY OF KALAMAZOO
On <u>hoten by 10, 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.
Notary Public DEBRA J. WARQUETTE Notary Public, Kalamazoo County, MI My Commission Expires 9/25/2004
FULL NAME OF FOURTH/JOINT INVENTOR; David W. Piotrowski
Signature of Inventor:
Signature of Inventor: W. Kickowin
Signature of Inventor:
Signature of Inventor:

FULL NAME OF FIFTH/JOINT INVENTOR: Alice L. Bodnar
Signature of Inventor:
Address: 292 Timber Ridge Drive, Kalamazoo, Michigan 49006
STATE OF MICHIGAN COUNTY OF KALAMAZOO
On <u>Jostember</u> <u>26, 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.
Notary Public DEBRA V. MARQUETTE Notary Public, Kalamazoo County, MI My Commission Expires 9/25/2004
FULL NAME OF SIXTH/JOINT INVENTOR: Eric Jon Jacobsen
FULL NAME OF SIXTH/JOINT INVENTOR: Eric Jon Jacobsen Signature of Inventor: Address: 6233 Bethany Circle, Richland, Michigan 49083
Signature of Inventor:
Signature of Inventor: Address: 6233 Bethany Circle, Richland, Michigan 49083 STATE OF MICHIGAN
Signature of Inventor: Address: 6233 Bethany Circle, Richland, Michigan 49083 STATE OF MICHIGAN COUNTY OF KALAMAZOO On Aptended 27, 2001, 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

FULL NAME OF SEVENTH/JOINT INVENTOR: Jeffrey W. Corbett
Signature of Inventor:
Address: 6427 Pepperidge Circle, Portage, Michigan 49024
STATE OF MICHIGAN COUNTY OF KALAMAZOO
On, 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 - Debta - Magnette
Notary Publication J. MARQUETTE Notary 1972, Kalamazoo County, MI Notary Commission Expires 9/25/2004

REEL: 012147 FRAME: 0150

Page 5