

04-26-2002

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102067924

April 5, 2002

Box Assignment
Commissioner of Patents and Trademarks
Washington, DC 20231

Atty. Ref.: PUC 00283 CIP

Please record the attached original document or copy thereof.

Name of Conveying Party(ies): Kjell A. SVENSSON

Name and Address of Receiving Party(ies):
PHARMACIA & UPJOHN COMPANY
Kalamazoo, MI 49007

Nature of Conveyance:

Assignment Security Agreement Merger License
 Change of Name Other:

Execution Date of Document: December 4, 2001

If this document is being filed together with a new application, the execution date of the application is: N/A

Patent Application Numbers:
10/054 758

Patent Numbers:
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Total Number of Applications and Patents Involved: one (1). An enclosed check includes the recording fee of \$40.00. The Commissioner is hereby authorized to credit any overpayment, or to charge any additional recording fee required by this paper, to Deposit Account No. 06-1382.

Mail correspondence concerning the document to:

FLYNN, THIEL, BOUTELL & TANIS, P.C.
2026 Rambling Road
Kalamazoo, MI 49008-1699

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.

Respectfully submitted,

Terryence F. Chapman

TFC\pcq

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120.9803

(04/25/2002 LABELLER 00000111 10054758
01 FC:581 40.00 BP)

PATENT
REEL: 012817 FRAME: 0300

ASSIGNMENT

Title: METHOD OF TREATING PARKINSON'S DISEASE

Inventor: Kjell A. SVENSSON

Serial No.: **Filing Date:**

Docket No.: Pharmacia Case 00283.CIP **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.

FULL NAME OF FIRST/SOLE INVENTOR:

Signature of Inventor:

Kjell A. Svensson
Kjell A. SVENSSON

Address: 4318 Squire Heath, Portage, Michigan 49024

STATE OF MICHIGAN
COUNTY OF KALAMAZOO

On 4 December 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 purposes set forth in said instrument.

SEAL _____

Deborah A. Tucker
Notary Public

DEBORAH A. TUCKER
Notary Public, Kalamazoo County, MI
My Commission Expires April 7, 2002