


Form PTO-1595 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇌ ⇌ ⇌ ▼ ▼ ▼ ▼ ▼ ▼ ▼		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): Gilles Brunelle Agnes Grouhel Jacques Hamon Francois Roman Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies) Name: <u>Warner-Lambert Company</u> Internal Address: _____ _____ Street Address: <u>201 Tabor Road</u> _____ City: <u>Morris Plains</u> State: <u>NJ</u> Zip: <u>07950</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>July 23, 2002</u>					
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) <u>09/490,093; 10/168,469</u> B. Patent No.(s) Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Mehdi Ganjeizadeh</u> Internal Address: <u>Warner-Lambert Company</u> _____ Street Address: <u>2800 Plymouth Road</u> _____ City: <u>Ann Arbor</u> State: <u>MI</u> Zip: <u>48105</u>		6. Total number of applications and patents involved: <u>2</u> 7. Total fee (37 CFR 3.41).....\$ <u>80.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>23-0455</u> (Attach duplicate copy of this page if paying by deposit account)			
DO NOT USE THIS SPACE					
9. Statement and signature. <i>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.</i> <u>Mehdi Ganjeizadeh</u> Name of Person Signing  Signature <u>Dec 2, 2002</u> Date Total number of pages including cover sheet, attachments, and documents: <u>6</u>					

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

Docket No. A0000216-01-CA

ASSIGNMENT

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 an inventor of the inventions or discoveries (herein INVENTIONS) as described in the patent application (herein APPLICATION) identified below. In view of valuable consideration, receipt thereof is hereby acknowledged, I do hereby assign and transfer unto WARNER-LAMBERT COMPANY, a corporation of the State of Delaware, having a place of business at MORRIS PLAINS, NEW JERSEY, its successors and assigns, my entire interest in and the full exclusive right to the INVENTIONS, the APPLICATION and all related applications (including provisionals, 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 WARNER-LAMBERT 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 WARNER-LAMBERT COMPANY, or its representatives, any facts known to me respecting the invention; testify in any legal proceedings; sign all lawful papers; execute all provisional, divisional, continuation, substitution, renewal and reissue applications; execute all necessary assignment papers to cause any and all of the PATENTS to be issued to WARNER-LAMBERT COMPANY; make all rightful oaths; and generally do everything possible to aid WARNER-LAMBERT COMPANY, its successors and assigns, to obtain and enforce proper protection for the INVENTION in any and all countries throughout the world. The APPLICATION is identified herein.

Serial No. (if known) : _____
Filing Date (if known) : _____
Execution Date(s) of Application : _____

Title: USE OF TRIMEBUTINE FOR TREATING PAIN

Docket No. A0000216-01-CA

FULL NAME OF INVENTOR : Gilles Brunelle

Inventor's signature :

Residence :

Antony, France

Date: 23 juillet 2002

Citizenship :

French

Post Office Address :

4, Allée de l'île verte
92160 Antony, France

Le soussigné M. LAHAUSSOIS
Notaire Associé à Montrouge
certifie véritable la signature

matérielle de M. BRUNELLE

Apposée ci-dessus
Montrouge, le 23 juillet 2002
LAHAUSSOIS PONGE BERTHIER ETBOE
NOTAIRES
63, avenue Aristide Briand
92120 MONTRouGE

STATE OF _____

COUNTY OF _____

On _____, the above-named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free acts and deeds in and for the purpose set forth in said instrument.

(SEAL)

Notary Public

My Commission Expires:

Docket No. A0000216-01-CA

FULL NAME OF INVENTOR : Agnès Grouhel
Inventor's signature : *Agnès Grouhel*
Residence : Meudon, France
Citizenship : French
Post Office Address : 2, rue des Peupliers
92190 Meudon, France

Date: 23 juillet 2002

Le soussigné **M^r LANAUSSE**
Notaire Associé à Montrouge
certifie véritable la signature

matérielle de M^{me} Grouhel

apposée ci-dessus
Montrouge, le 23 juillet 2002

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STATE OF _____
COUNTY OF _____

On _____, the above-named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free acts and deeds in and for the purpose set forth in said instrument.

(SEAL)

Notary Public

My Commission Expires:

Docket No. A0000216-01-CA

FULL NAME OF INVENTOR : Jacques Hamon

Inventor's signature : [Signature] Date: 23 juillet 2002
Residence : Saint Maurice Montcouronne, France

Citizenship : French
Post Office Address : 39, route de la Touche
91530 Saint Maurice Montcouronne, France

Le soussigné M. LANAUSSE
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STATE OF _____

COUNTY OF _____

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(SEAL)

Notary Public

My Commission Expires:

Docket No. A0000216-01-CA

FULL NAME OF INVENTOR : François Roman
Inventor's signature : [Signature]
Residence : Vitry-sur-Seine, France
Citizenship : French
Post Office Address : 11, Allée Pierre Fresnay
94400 Vitry-sur-Seine, France

Date: 23 juillet 2002

Le soussigné M. LAHAUSSOIS
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92120 MONTROUGE

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COUNTY OF _____

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(SEAL)

Notary Public

My Commission Expires: