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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

ELAYNE P. McCLAINÉ

6-11-03

2. Name and address of receiving party(ies)

Name: PHARMACIA & UPJOHN

Internal Address: _____

301 Henrietta Street

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:



Assignment



Merger



Security Agreement



Change of Name



Other _____

Street Address: _____

City: Kalamazoo State: MI Zip: 49001

Execution Date: 9/27/2001

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

09969346

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

A. Patent Application No.(s) _____

B. Patent No.(s) _____

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Craig M. Bell

Internal Address: Pharmacia Corporation

Street Address: 100 Route 206 North

City: Peapack State: NJ Zip: 07977

6. Total number of applications and patents involved: 1 ☐

7. Total fee (37 CFR 3.41).....\$ 40.00



Enclosed



Authorized to be charged to deposit account

8. Deposit account number:

21-0718

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9. Signature.

Craig M. Bell

Name of Person Signing

Craig M. Bell

Signature

6/9/03

Date

Total number of pages including cover sheet, attachments, and documents: 3 ☐

Mail documents to be recorded with required cover sheet information to:

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JUN 12 2003

OFFICE OF PETITIONS
PATENT

REEL: 014296 FRAME: 0595

06/12/2003 AWONDAF2 00000001 210718 09969346

04 FD:8021

40.00 CH

ASSIGNMENT

Title: HAIR THINNING MEASUREMENT DEVICE**Inventors:** ELAYNE P. McCLAIN**Serial No.:****Filing Date:****Country:** USA**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, a corporation organized and existing under the virtue of the laws of the State of Delaware, and engaged in business at 301 Henrietta Street, Kalamazoo, MI 49007, 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, 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, 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; make all rightful oaths; and generally do everything possible to aid PHARMACIA & UPJOHN, 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: *Elayne P. McClain*

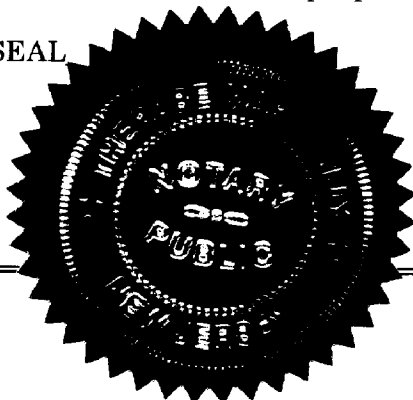
Address: 263 Patriot Hill Drive, Basking Ridge, New Jersey 07920

STATE OF NEW JERSEY

COUNTY OF MORRIS & SOMERSET COUNTY

On *September 27th, 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

*Therese Marie Lilly*

Notary Public

Notary Public of New Jersey

My Commission Expires March 2, 2005

PATENT

RECORDED: 06/11/2003

REEL: 014296 FRAME: 0596