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# RECORDATION FORM COVER SHEET PATENTS ONLY

Attorney Docket No.: 1662/85002

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

## 1. Name of conveying party(ies)/Execution Date(s):

TEVA PHARMACEUTICAL INDUSTRIES LTD

Execution Date(s) November 24, 2005

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

## 2. Name and address of receiving party(ies)

Name: Teva Pharmaceuticals USA, Inc.

Internal Address: \_\_\_\_\_

Street Address: 1090 Horsham Road

City: North Wales

State: Pennsylvania

Country: USA Zip: 19454-1090

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

## 3. Nature of conveyance:

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Government Interest Assignment  
☐ Executive Order 9424, Confirmatory License  
☐ Other \_\_\_\_\_

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

☐ This document is being filed together with a new application.

A. Patent Application No.(s)

11/217,473

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Craig L. Puckett

Internal Address: \_\_\_\_\_

KENYON & KENYON

Street Address: ONE BROADWAY

City: NEW YORK

State: NEW YORK Zip: 10004

Phone Number: 212-425-7200

Fax Number: 212-425-5288

Email Address: \_\_\_\_\_

## 6. Total number of applications and patents involved:

01

## 7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

- ☐ Authorized to be charged by credit card  
☒ Authorized to be charged to deposit account  
☐ Enclosed  
☐ None required (government interest not affecting title)

## 8. Payment Information

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number 11-0600

Authorized User Name \_\_\_\_\_

## 9. Signature:

Craig L. Puckett  
Signature

12/9/05  
Date

Craig L. Puckett, Reg. No. 43,023

Name of Person Signing

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

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Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:  
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1662/85002

ASSIGNMENT

WHEREAS **TEVA PHARMACEUTICAL INDUSTRIES LTD.**, having a place of business at **5 Basel Street, P.O. Box 3190, Petah Tiqva 49131, Israel**, hereinafter called "Assignor," is the owner of the entire right, title, and interest in and to inventions and discoveries in **OLMESARTAN MEDOXOMIL WITH REDUCED LEVELS OF IMPURITIES** (hereinafter, "the Invention"), described in U.S. Patent Application Serial No. **11/217,473**, filed on **September 2, 2005**, and

WHEREAS **TEVA PHARMACEUTICALS USA, INC.**, having a place of business at **1090 Horsham Road, P.O. Box 1090, North Wales, Pennsylvania 19454-1090, United States of America**, hereinafter called "Assignee," is desirous of acquiring the title, rights, benefits, and privileges hereinafter recited,

NOW, THEREFORE, for good and valuable consideration furnished by Assignee, receipt and sufficiency of which is hereby acknowledged, Assignor hereby, without reservations,

1. Assigns, transfers, and conveys to Assignee the entire right, title, and interest in and to the Invention in, and only in, the nation and territory of **Barbados**, and in and to any **Barbados** national patent that may issue for the Invention; and
2. Authorizes Assignee to file, under the International Convention or otherwise, for patent protection for the Invention within the nation and territory of **Barbados**.

**TEVA PHARMACEUTICAL INDUSTRIES LTD.**

Signature:

Date:

Name of Person Signing:

Title of Person Signing:

Signature:

Date:

Name of Person Signing:

Title of Person Signing: